

# TAX RETURN FILING INSTRUCTIONS

FORM 990

**FOR THE YEAR ENDING**  
SEPTEMBER 30, 2024

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**PREPARED FOR:**

ST. LUKE'S WOOD RIVER MEDICAL CENTER,  
LTD.  
190 E. BANNOCK  
BOISE, ID 83712

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**PREPARED BY:**

DELOITTE TAX LLP  
111 MONUMENT CIRCLE, SUITE 4200  
INDIANAPOLIS, IN 46204

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**AMOUNT DUE OR REFUND:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

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**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

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**SPECIAL INSTRUCTIONS:**

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE  
PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS  
HAS BEEN REMOVED.

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2023**

Open to Public Inspection

**A** For the **2023** calendar year, or tax year beginning **OCT 1, 2023** and ending **SEP 30, 2024**

|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>St. Luke's Wood River Medical Center, Ltd.<br><br>Doing business as<br><br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>190 E. Bannock<br><br>City or town, state or province, country, and ZIP or foreign postal code<br>Boise, ID 83712<br><br><b>F</b> Name and address of principal officer: Chris Roth<br>same as C above | <b>D</b> Employer identification number<br><br>84-1421665<br><br><b>E</b> Telephone number<br>(208) 381-2222<br><br><b>G</b> Gross receipts \$ 100,764,752.<br><br><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions<br><br><b>H(c)</b> Group exemption number |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>J</b> Website: <a href="http://www.stlukesonline.org">www.stlukesonline.org</a>                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>L</b> Year of formation: 1996                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                             | <b>M</b> State of legal domicile: ID                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

**Part I Summary**

|            |                                                                                                                                         |            |              |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------|--------------|
| <b>1</b>   | Briefly describe the organization's mission or most significant activities: <u>Provide healthcare services to the community.</u>        |            |              |
| <b>2</b>   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |            |              |
| <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a)                                                                       | <b>3</b>   | 14           |
| <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b)                                                           | <b>4</b>   | 13           |
| <b>5</b>   | Total number of individuals employed in calendar year 2023 (Part V, line 2a)                                                            | <b>5</b>   | 0            |
| <b>6</b>   | Total number of volunteers (estimate if necessary)                                                                                      | <b>6</b>   | 21           |
| <b>7a</b>  | Total unrelated business revenue from Part VIII, column (C), line 12                                                                    | <b>7a</b>  | 0.           |
| <b>7b</b>  | Net unrelated business taxable income from Form 990-T, Part I, line 11                                                                  | <b>7b</b>  | 0.           |
| <b>8</b>   | Contributions and grants (Part VIII, line 1h)                                                                                           | <b>8</b>   | 14           |
| <b>9</b>   | Program service revenue (Part VIII, line 2g)                                                                                            | <b>9</b>   | 13           |
| <b>10</b>  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                           | <b>10</b>  | 0            |
| <b>11</b>  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                | <b>11</b>  | 21           |
| <b>12</b>  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                      | <b>12</b>  | 0.           |
| <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                                                        | <b>13</b>  | 0.           |
| <b>14</b>  | Benefits paid to or for members (Part IX, column (A), line 4)                                                                           | <b>14</b>  | 0.           |
| <b>15</b>  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                       | <b>15</b>  | 0.           |
| <b>16a</b> | Professional fundraising fees (Part IX, column (A), line 11e)                                                                           | <b>16a</b> | 0.           |
| <b>16b</b> | Total fundraising expenses (Part IX, column (D), line 25)                                                                               | <b>16b</b> | 769,264.     |
| <b>17</b>  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                                                            | <b>17</b>  | 88,153,100.  |
| <b>18</b>  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                               | <b>18</b>  | 92,978,133.  |
| <b>19</b>  | Revenue less expenses. Subtract line 18 from line 12                                                                                    | <b>19</b>  | 93,747,397.  |
| <b>20</b>  | Total assets (Part X, line 16)                                                                                                          | <b>20</b>  | 10,863,624.  |
| <b>21</b>  | Total liabilities (Part X, line 26)                                                                                                     | <b>21</b>  | 7,009,789.   |
| <b>22</b>  | Net assets or fund balances. Subtract line 21 from line 20                                                                              | <b>22</b>  | 148,887,744. |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                               |                                                                                               |                                                                             |                                                                                                                                             |
|-------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Sign Here</b>              | Signature of officer<br><br>Kathryn Fowler, SVP/CFO/Treasurer<br>Type or print name and title | Date                                                                        |                                                                                                                                             |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>Shawna M. Jansons                                               | Preparer's signature<br><i>Shawna M. Jansons</i>                            | Date<br>8/12/2025<br>Check if self-employed <input type="checkbox"/> PTIN<br>P01222873<br>Firm's EIN 86-1065772<br>Phone no. (317) 464-8600 |
|                               | Firm's name<br>Deloitte Tax LLP                                                               | Firm's address<br>111 Monument Circle, Suite 4200<br>Indianapolis, IN 46204 |                                                                                                                                             |

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III ☒ **X**

**1** Briefly describe the organization's mission:  
To improve the health of people in the communities we serve.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 29,383,835. including grants of \$ 0. ) (Revenue \$ 38,630,849. )  
**Medical & Surgical:**

St. Luke's Wood River Medical Center opened its doors in 2000 in Ketchum to serve the health care needs of people living in Blaine County and the surrounding region. The 25-bed critical access hospital provides 24-hour emergency services, orthopedic and general surgery, diagnostic imaging including MRI, CT and digital mammography, laboratory, obstetrics and gynecology, outpatient infusion services including chemotherapy, physical therapy, occupational therapy, and speech therapies as well as outpatient behavioral health services.

SLWR also owns and operates multiple physician clinics; the organization's total campus square footage is more than 200,000 square

**4b** (Code: ) (Expenses \$ 12,710,651. including grants of \$ 0. ) (Revenue \$ 4,812,048. )  
**Primary Care:**

Wood River has internal medicine, OB/GYN, family medicine, pediatrics, dermatology, gastroenterology, mental health, neurology, orthopedics and sports medicine practices. St. Luke's primary care physicians and associated care teams serve as first point of contact for patients seeking services and provide ongoing, comprehensive and coordinated care to address a wide range of health needs among the multiple and expanding populations served from Wood River facilities. Wood River has led within the health system with respect to community health and has established robust partnerships with multiple mission-oriented community organizations to meet community needs and connect patients and families with a broad variety of services.

**4c** (Code: ) (Expenses \$ 5,556,682. including grants of \$ ) (Revenue \$ 1,933,974. )  
**Ortho-Neuro:**

Physical, occupational and speech therapists provide personalized care to help patients recover from injury and surgery and to help manage chronic conditions. Specialties include sports medicine, spine wellness, orthopedic and neurologic rehabilitation, hand therapy, lymphedema, spine therapy, pelvic health, pediatrics and geriatrics.

Treatment programs include balance and vestibular therapy, arthritis therapy, osteoporosis rehabilitation, cancer rehabilitation, speech and language therapy, cognitive therapy, ski conditioning, arthritis therapy, neurologic rehabilitation, concussion rehabilitation, including ImPACT (Immediate Post-Concussion Assessment and Cognitive

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ 36,854,009. including grants of \$ 769,264. ) (Revenue \$ 52,864,782. )

**4e** Total program service expenses 84,505,177.

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                           | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>                                                                                                                                                                      | X   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions                                                                                                                                                                                                          | X   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>                                                                                                                      |     | X  |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>                                                                                                       |     | X  |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>                                                                                      |     | X  |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>                                                    |     | X  |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>                                                                                            |     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>                                                                                                                                                         |     | X  |
| <b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?<br><i>If "Yes," complete Schedule D, Part IV</i>         |     | X  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>                                                                                                                               |     | X  |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.                                                                                                                                                                |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>                                                                                                                                                                       | X   |    |
| <b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>                                                                                                  |     | X  |
| <b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>                                                                                                  |     | X  |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>                                                                                                                     | X   |    |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>                                                                                                                                                                                     | X   |    |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>                                                            | X   |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>                                                                                                                                                        |     | X  |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>                                                                        | X   |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>                                                                                                                                                                                                        |     | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                                    |     | X  |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> |     | X  |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>                                                                                                           |     | X  |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>                                                                                                     |     | X  |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>                                                                                             |     | X  |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>                                                                                                                           |     | X  |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>                                                                                                                                                     |     | X  |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>                                                                                                                                                                                                             | X   |    |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                                     | X   |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>                                                                                            | X   |    |

**Part IV Checklist of Required Schedules** (continued)

|                                                                                                                                                                                                                                                                                                                                                                                                         | Yes        | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....                                                                                                                                                                                        | <b>22</b>  | X  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....                                                                                                                            | <b>23</b>  | X  |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....                                                                                                  | <b>24a</b> | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....                                                                                                                                                                                                                                                                                        | <b>24b</b> |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....                                                                                                                                                                                                                                               | <b>24c</b> |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....                                                                                                                                                                                                                                                                                  | <b>24d</b> |    |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....                                                                                                                                                               | <b>25a</b> | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....                                                                                                               | <b>25b</b> | X  |
| <b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....                                                       | <b>26</b>  | X  |
| <b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... | <b>27</b>  | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):                                                                                                                                                                                           |            |    |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....                                                                                                                                                                                                                              | <b>28a</b> | X  |
| <b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....                                                                                                                                                                                                                                                                                   | <b>28b</b> | X  |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....                                                                                                                                                                                                                                      | <b>28c</b> | X  |
| <b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....                                                                                                                                                                                                                                                                          | <b>29</b>  | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....                                                                                                                                                                                                         | <b>30</b>  | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....                                                                                                                                                                                                                                                               | <b>31</b>  | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....                                                                                                                                                                                                                                             | <b>32</b>  | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....                                                                                                                                                                                             | <b>33</b>  | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....                                                                                                                                                                                                                                         | <b>34</b>  | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....                                                                                                                                                                                                                                                                                                | <b>35a</b> | X  |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....                                                                                                                                                                 | <b>35b</b> |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....                                                                                                                                                                                                  | <b>36</b>  | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....                                                                                                                                                    | <b>37</b>  | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....                                                                                                                                                                                                     | <b>38</b>  | X  |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V ☒

|                                                                                                                                                                         | Yes       | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....                                                                            | <b>1a</b> | 0  |
| <b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....                                                                          | <b>1b</b> | 0  |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... | <b>1c</b> |    |

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

|                                                                                                                                                                                                                                                      |             | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----|----|
| <b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return                                                              | <b>2a</b> 0 |     |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                                                                                                              | <b>2b</b>   |     |    |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                              | <b>3a</b>   |     | X  |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>                                                                                                                          | <b>3b</b>   |     |    |
| <b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | <b>4a</b>   |     | X  |
| <b>b</b> If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                      |             |     |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                      | <b>5a</b>   |     | X  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                            | <b>5b</b>   |     | X  |
| <b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                           | <b>5c</b>   |     |    |
| <b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    | <b>6a</b>   |     | X  |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                               | <b>6b</b>   |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                               |             |     |    |
| <b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                             | <b>7a</b>   |     | X  |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                             | <b>7b</b>   |     |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                        | <b>7c</b>   |     | X  |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year                                                                                                                                                                           | <b>7d</b>   |     |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                             | <b>7e</b>   |     | X  |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                | <b>7f</b>   |     | X  |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                            | <b>7g</b>   |     |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                          | <b>7h</b>   |     |    |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                                     | <b>8</b>    |     |    |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                   |             |     |    |
| <b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                          | <b>9a</b>   |     |    |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                           | <b>9b</b>   |     |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                    |             |     |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12                                                                                                                                                                    | <b>10a</b>  |     |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                 | <b>10b</b>  |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                   |             |     |    |
| <b>a</b> Gross income from members or shareholders                                                                                                                                                                                                   | <b>11a</b>  |     |    |
| <b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)                                                                                                               | <b>11b</b>  |     |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                | <b>12a</b>  |     |    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                       | <b>12b</b>  |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                           |             |     |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.                                            | <b>13a</b>  |     |    |
| <b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans                                                                                   | <b>13b</b>  |     |    |
| <b>c</b> Enter the amount of reserves on hand                                                                                                                                                                                                        | <b>13c</b>  |     |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                | <b>14a</b>  |     | X  |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>                                                                                                                            | <b>14b</b>  |     |    |
| <b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If "Yes," see the instructions and file Form 4720, Schedule N.               | <b>15</b>   |     | X  |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.                                                                               | <b>16</b>   |     | X  |
| <b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?<br>If "Yes," complete Form 6069.      | <b>17</b>   |     |    |

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒ **X**

**Section A. Governing Body and Management**

|                                                                                                                                                                                                                                                                                                                          | 1a | 1b | 14 | 13 | Yes       | No       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|----|----|-----------|----------|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year .....<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |    |    |    |    |           |          |
| <b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....                                                                                                                                                                                                                        |    |    |    |    |           |          |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....                                                                                                                                     |    |    |    |    | <b>2</b>  | <b>X</b> |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....                                                                                         |    |    |    |    | <b>3</b>  | <b>X</b> |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....                                                                                                                                                                                          |    |    |    |    | <b>4</b>  | <b>X</b> |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....                                                                                                                                                                                                |    |    |    |    | <b>5</b>  | <b>X</b> |
| <b>6</b> Did the organization have members or stockholders? .....                                                                                                                                                                                                                                                        |    |    |    |    | <b>6</b>  | <b>X</b> |
| <b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....                                                                                                                                                       |    |    |    |    | <b>7a</b> | <b>X</b> |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....                                                                                                                                                 |    |    |    |    | <b>7b</b> | <b>X</b> |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                                                                                                               |    |    |    |    |           |          |
| <b>a</b> The governing body? .....                                                                                                                                                                                                                                                                                       |    |    |    |    | <b>8a</b> | <b>X</b> |
| <b>b</b> Each committee with authority to act on behalf of the governing body? .....                                                                                                                                                                                                                                     |    |    |    |    | <b>8b</b> | <b>X</b> |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....                                                                                              |    |    |    |    | <b>9</b>  | <b>X</b> |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|                                                                                                                                                                                                                                                                                                             | Yes        | No       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates? .....                                                                                                                                                                                                                         | <b>10a</b> | <b>X</b> |
| <b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....                                                                   | <b>10b</b> |          |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....                                                                                                                                                                | <b>11a</b> | <b>X</b> |
| <b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. ....                                                                                                                                                                                                 |            |          |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....                                                                                                                                                                                                    | <b>12a</b> | <b>X</b> |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....                                                                                                                                                          | <b>12b</b> | <b>X</b> |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....                                                                                                                                           | <b>12c</b> | <b>X</b> |
| <b>13</b> Did the organization have a written whistleblower policy? .....                                                                                                                                                                                                                                   | <b>13</b>  | <b>X</b> |
| <b>14</b> Did the organization have a written document retention and destruction policy? .....                                                                                                                                                                                                              | <b>14</b>  | <b>X</b> |
| <b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                                                              |            |          |
| <b>a</b> The organization's CEO, Executive Director, or top management official .....                                                                                                                                                                                                                       | <b>15a</b> | <b>X</b> |
| <b>b</b> Other officers or key employees of the organization .....                                                                                                                                                                                                                                          | <b>15b</b> | <b>X</b> |
| If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. ....                                                                                                                                                                                                                     |            |          |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....                                                                                                                                      | <b>16a</b> | <b>X</b> |
| <b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ..... | <b>16b</b> |          |

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed None

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
 Jared Grant - (208) 381-2222  
 190 E Bannock, Boise, ID 83712

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

☒

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and title                                       | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                             |                                                                                     | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                               |                                                                                    |                                                                                               |
| (1) Chris Roth<br>President & System CEO                    | 2.00<br>50.00                                                                       | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                            | 1,855,601.                                                                         | 60,738.                                                                                       |
| (2) Christine Neuhoﬀ<br>SVP/Chief Legal Officer/Secretary   | 2.00<br>48.00                                                                       |                                                                                                              |                       | X       |              |                              |        | 0.                                                                            | 844,232.                                                                           | 48,218.                                                                                       |
| (3) Sandee Moore Gehrke<br>Hospital Chief Executive Officer | 5.00<br>37.00                                                                       |                                                                                                              |                       | X       |              |                              |        | 0.                                                                            | 838,245.                                                                           | 49,699.                                                                                       |
| (4) Garrett Coman, MD<br>Physician                          | 40.00<br>0.00                                                                       |                                                                                                              |                       |         |              | X                            |        | 0.                                                                            | 810,272.                                                                           | 23,762.                                                                                       |
| (5) Kathryn Fowler<br>SVP/CFO/Treasurer                     | 2.00<br>48.00                                                                       |                                                                                                              |                       | X       |              |                              |        | 0.                                                                            | 768,744.                                                                           | 25,553.                                                                                       |
| (6) Matthew Kopplin, MD<br>Physician                        | 40.00<br>0.00                                                                       |                                                                                                              |                       |         |              | X                            |        | 0.                                                                            | 720,296.                                                                           | 48,296.                                                                                       |
| (7) Matthew Reeck, MD<br>Physician                          | 40.00<br>0.00                                                                       |                                                                                                              |                       |         |              | X                            |        | 0.                                                                            | 616,156.                                                                           | 46,517.                                                                                       |
| (8) Michael Fenello<br>VP, Population Health                | 10.00<br>30.00                                                                      |                                                                                                              |                       |         | X            |                              |        | 0.                                                                            | 570,432.                                                                           | 47,188.                                                                                       |
| (9) Derek Ipsen, DO<br>Physician                            | 40.00<br>0.00                                                                       |                                                                                                              |                       |         |              | X                            |        | 0.                                                                            | 591,242.                                                                           | 10,952.                                                                                       |
| (10) Alison Kinsler, MD<br>Physician                        | 40.00<br>0.00                                                                       |                                                                                                              |                       |         |              | X                            |        | 0.                                                                            | 547,911.                                                                           | 26,648.                                                                                       |
| (11) David C. Pate, MD, JD<br>Former CEO & President        | 0.00<br>0.00                                                                        |                                                                                                              |                       |         |              |                              | X      | 0.                                                                            | 154,684.                                                                           | 0.                                                                                            |
| (12) Jeffrey S. Taylor<br>Former SVP/CFO/Treasurer          | 0.00<br>0.00                                                                        |                                                                                                              |                       |         |              |                              | X      | 0.                                                                            | 110,504.                                                                           | 0.                                                                                            |
| (13) Andy Scoggin<br>Chair                                  | 0.50<br>2.50                                                                        | X                                                                                                            |                       | X       |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (14) Alan Korn, MD<br>Director (End 12/2023)                | 0.50<br>2.50                                                                        | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (15) Bill Gilbert<br>Director                               | 0.50<br>2.50                                                                        | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (16) Bill Whitacre<br>Director                              | 0.50<br>2.50                                                                        | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (17) Bill Ystueta<br>Director (Start 11/2023)               | 0.50<br>2.50                                                                        | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and title                                                | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                      |                                                                                     | Individual trustee or director                                                                            | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                               |                                                                                    |                                                                                               |
| (18) Bob Lokken<br>Director                                          | 0.50<br>2.50                                                                        | X                                                                                                         |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (19) Brigitte Bilyeu<br>Director (End 10/2023)                       | 0.50<br>2.50                                                                        | X                                                                                                         |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (20) Dan Krahn<br>Director                                           | 0.50<br>2.50                                                                        | X                                                                                                         |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (21) Emily Baker<br>Director                                         | 0.50<br>2.50                                                                        | X                                                                                                         |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (22) Jill Twedt<br>Director                                          | 0.50<br>2.50                                                                        | X                                                                                                         |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (23) Laura McGeorge, MD<br>Director (Start 7/2024)                   | 0.50<br>2.50                                                                        | X                                                                                                         |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (24) Lisa Grow<br>Director                                           | 0.50<br>2.50                                                                        | X                                                                                                         |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (25) Lucie DiMaggio, MD<br>Director (End 6/2024)                     | 0.50<br>2.50                                                                        | X                                                                                                         |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| (26) Mark Durcan<br>Director (End 4/2024)                            | 0.50<br>2.50                                                                        | X                                                                                                         |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| <b>1b Subtotal</b> .....                                             |                                                                                     |                                                                                                           |                       |         |              |                              |        | 0.                                                                            | 8,428,319.                                                                         | 387,571.                                                                                      |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |                                                                                     |                                                                                                           |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| <b>d Total (add lines 1b and 1c)</b> .....                           |                                                                                     |                                                                                                           |                       |         |              |                              |        | 0.                                                                            | 8,428,319.                                                                         | 387,571.                                                                                      |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

|                                                                                                                                                                                                                                                    | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....                                          | X   |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> ..... | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....                       |     | X  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address                                                | (B)<br>Description of services | (C)<br>Compensation |
|---------------------------------------------------------------------------------|--------------------------------|---------------------|
| Qualivis, LLC, 2000 Center Point Rd. Ste.<br>2360, Columbia, SC 29210           | Medical Staffing               | 2,259,348.          |
| Rightsourcing Inc<br>9 Executive Cir #290, Irvine, CA 92614                     | Medical Staffing               | 1,790,899.          |
| Magic Valley Anesthesiology, 139 River<br>Vista Place, Ste. 202, Twin Falls, ID | Anesthesia Services            | 1,585,365.          |
| Siemens Healthineers<br>221 Gregson Dr, Cary, NC 27511                          | Facilities Management          | 1,438,703.          |
| Clearwater Landscaping<br>P.O. Box 7690, Ketchum, ID 83340                      | Building Maintenance           | 311,176.            |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 10

See Part VII, Section A Continuation sheets

**(F)**  
Estimated  
amount of  
other  
compensation  
from the  
organization  
and related  
organizations

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII ☐

|                                                               |                                                                                                                                |                                                                                    |                                                                                    | (A)           | (B)                                | (C)                        | (D)                                                |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------|------------------------------------|----------------------------|----------------------------------------------------|
|                                                               |                                                                                                                                |                                                                                    |                                                                                    | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b> | <b>1 a</b>                                                                                                                     | Federated campaigns .....                                                          | <b>1a</b>                                                                          |               |                                    |                            |                                                    |
|                                                               | <b>b</b>                                                                                                                       | Membership dues .....                                                              | <b>1b</b>                                                                          |               |                                    |                            |                                                    |
|                                                               | <b>c</b>                                                                                                                       | Fundraising events .....                                                           | <b>1c</b>                                                                          |               |                                    |                            |                                                    |
|                                                               | <b>d</b>                                                                                                                       | Related organizations .....                                                        | <b>1d</b>                                                                          |               |                                    |                            |                                                    |
|                                                               | <b>e</b>                                                                                                                       | Government grants (contributions) .....                                            | <b>1e</b>                                                                          |               |                                    |                            |                                                    |
|                                                               | <b>f</b>                                                                                                                       | All other contributions, gifts, grants, and similar amounts not included above ... | <b>1f</b>                                                                          | 2,152,626.    |                                    |                            |                                                    |
|                                                               | <b>g</b>                                                                                                                       | Noncash contributions included in lines 1a-1f                                      | <b>1g</b>                                                                          | \$            |                                    |                            |                                                    |
|                                                               | <b>h</b>                                                                                                                       | <b>Total.</b> Add lines 1a-1f .....                                                |                                                                                    | 2,152,626.    |                                    |                            |                                                    |
| <b>Program Service Revenue</b>                                | <b>2 a</b>                                                                                                                     | Net Patient Revenue                                                                | Business Code 622110                                                               | 96,090,746.   | 96,090,746.                        |                            |                                                    |
|                                                               | <b>b</b>                                                                                                                       | Contract Service Reven                                                             | 900099                                                                             | 1,267,806.    | 1,267,806.                         |                            |                                                    |
|                                                               | <b>c</b>                                                                                                                       | SLHS Allocated Revenue                                                             | 900099                                                                             | 510,003.      | 510,003.                           |                            |                                                    |
|                                                               | <b>d</b>                                                                                                                       | Premium Revenue                                                                    | 900099                                                                             | 215,322.      | 215,322.                           |                            |                                                    |
|                                                               | <b>e</b>                                                                                                                       | Merchandise Revenue                                                                | 900099                                                                             | 52,763.       | 52,763.                            |                            |                                                    |
|                                                               | <b>f</b>                                                                                                                       | All other program service revenue .....                                            | 900099                                                                             | 105,013.      | 105,013.                           |                            |                                                    |
|                                                               | <b>g</b>                                                                                                                       | <b>Total.</b> Add lines 2a-2f .....                                                |                                                                                    | 98,241,653.   |                                    |                            |                                                    |
|                                                               | <b>Other Revenue</b>                                                                                                           | <b>3</b>                                                                           | Investment income (including dividends, interest, and other similar amounts) ..... |               |                                    |                            |                                                    |
| <b>4</b>                                                      |                                                                                                                                | Income from investment of tax-exempt bond proceeds .....                           |                                                                                    |               |                                    |                            |                                                    |
| <b>5</b>                                                      |                                                                                                                                | Royalties .....                                                                    |                                                                                    |               |                                    |                            |                                                    |
| <b>6 a</b>                                                    |                                                                                                                                | Gross rents .....                                                                  | (i) Real                                                                           | 58,788.       |                                    |                            |                                                    |
|                                                               |                                                                                                                                |                                                                                    | (ii) Personal                                                                      |               |                                    |                            |                                                    |
|                                                               |                                                                                                                                |                                                                                    |                                                                                    |               |                                    |                            |                                                    |
| <b>b</b>                                                      |                                                                                                                                | Less: rental expenses ...                                                          | <b>6b</b>                                                                          | 7,566.        |                                    |                            |                                                    |
| <b>c</b>                                                      |                                                                                                                                | Rental income or (loss)                                                            | <b>6c</b>                                                                          | 51,222.       |                                    |                            |                                                    |
| <b>d</b>                                                      |                                                                                                                                | Net rental income or (loss) .....                                                  |                                                                                    | 51,222.       |                                    |                            | 51,222.                                            |
| <b>7 a</b>                                                    |                                                                                                                                | Gross amount from sales of assets other than inventory .....                       | (i) Securities                                                                     |               |                                    |                            |                                                    |
|                                                               |                                                                                                                                |                                                                                    | (ii) Other                                                                         |               |                                    |                            |                                                    |
|                                                               |                                                                                                                                |                                                                                    |                                                                                    |               |                                    |                            |                                                    |
| <b>b</b>                                                      |                                                                                                                                | Less: cost or other basis and sales expenses .....                                 | <b>7b</b>                                                                          |               |                                    |                            |                                                    |
| <b>c</b>                                                      |                                                                                                                                | Gain or (loss) .....                                                               | <b>7c</b>                                                                          |               |                                    |                            |                                                    |
| <b>d</b>                                                      | Net gain or (loss) .....                                                                                                       |                                                                                    |                                                                                    |               |                                    |                            |                                                    |
| <b>8 a</b>                                                    | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ..... | <b>8a</b>                                                                          |                                                                                    |               |                                    |                            |                                                    |
|                                                               |                                                                                                                                | <b>8b</b>                                                                          |                                                                                    |               |                                    |                            |                                                    |
| <b>b</b>                                                      | Less: direct expenses .....                                                                                                    |                                                                                    |                                                                                    |               |                                    |                            |                                                    |
| <b>c</b>                                                      | Net income or (loss) from fundraising events .....                                                                             |                                                                                    |                                                                                    |               |                                    |                            |                                                    |
| <b>9 a</b>                                                    | Gross income from gaming activities. See Part IV, line 19 .....                                                                | <b>9a</b>                                                                          |                                                                                    |               |                                    |                            |                                                    |
|                                                               |                                                                                                                                | <b>9b</b>                                                                          |                                                                                    |               |                                    |                            |                                                    |
| <b>b</b>                                                      | Less: direct expenses .....                                                                                                    |                                                                                    |                                                                                    |               |                                    |                            |                                                    |
| <b>c</b>                                                      | Net income or (loss) from gaming activities .....                                                                              |                                                                                    |                                                                                    |               |                                    |                            |                                                    |
| <b>10 a</b>                                                   | Gross sales of inventory, less returns and allowances .....                                                                    | <b>10a</b>                                                                         |                                                                                    |               |                                    |                            |                                                    |
|                                                               |                                                                                                                                | <b>10b</b>                                                                         |                                                                                    |               |                                    |                            |                                                    |
| <b>b</b>                                                      | Less: cost of goods sold .....                                                                                                 |                                                                                    |                                                                                    |               |                                    |                            |                                                    |
| <b>c</b>                                                      | Net income or (loss) from sales of inventory .....                                                                             |                                                                                    |                                                                                    |               |                                    |                            |                                                    |
| <b>Miscellaneous Revenue</b>                                  | <b>11 a</b>                                                                                                                    | Cafeteria/Catering/Ven                                                             | Business Code 722514                                                               | 311,685.      |                                    |                            | 311,685.                                           |
|                                                               | <b>b</b>                                                                                                                       |                                                                                    |                                                                                    |               |                                    |                            |                                                    |
|                                                               | <b>c</b>                                                                                                                       |                                                                                    |                                                                                    |               |                                    |                            |                                                    |
|                                                               | <b>d</b>                                                                                                                       | All other revenue .....                                                            |                                                                                    |               |                                    |                            |                                                    |
|                                                               | <b>e</b>                                                                                                                       | <b>Total.</b> Add lines 11a-11d .....                                              |                                                                                    | 311,685.      |                                    |                            |                                                    |
|                                                               | <b>12</b>                                                                                                                      | <b>Total revenue.</b> See instructions .....                                       |                                                                                    | 100,757,186.  | 98,241,653.                        | 0.                         | 362,907.                                           |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                                                                                   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...                                                                                                                                | 769,264.              | 769,264.                        |                                        |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....                                                                                                                                                         |                       |                                 |                                        |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....                                                                                                  |                       |                                 |                                        |                             |
| <b>4</b> Benefits paid to or for members .....                                                                                                                                                                                                   |                       |                                 |                                        |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees .....                                                                                                                                                          |                       |                                 |                                        |                             |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....                                                                                      |                       |                                 |                                        |                             |
| <b>7</b> Other salaries and wages .....                                                                                                                                                                                                          |                       |                                 |                                        |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....                                                                                                                                |                       |                                 |                                        |                             |
| <b>9</b> Other employee benefits .....                                                                                                                                                                                                           |                       |                                 |                                        |                             |
| <b>10</b> Payroll taxes .....                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| <b>11</b> Fees for services (nonemployees):                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| <b>a</b> Management .....                                                                                                                                                                                                                        | 1,949,388.            | 1,916,442.                      |                                        | 32,946.                     |
| <b>b</b> Legal .....                                                                                                                                                                                                                             | 10,564.               |                                 |                                        | 10,564.                     |
| <b>c</b> Accounting .....                                                                                                                                                                                                                        | 47,770.               |                                 |                                        | 47,770.                     |
| <b>d</b> Lobbying .....                                                                                                                                                                                                                          |                       |                                 |                                        |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17 .....                                                                                                                                                                           |                       |                                 |                                        |                             |
| <b>f</b> Investment management fees .....                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)                                                                                                                                | 3,716,902.            | 3,628,285.                      |                                        | 88,617.                     |
| <b>12</b> Advertising and promotion .....                                                                                                                                                                                                        | 6,511.                |                                 |                                        | 6,511.                      |
| <b>13</b> Office expenses .....                                                                                                                                                                                                                  | 629,354.              | 575,594.                        | 37,197.                                | 16,563.                     |
| <b>14</b> Information technology .....                                                                                                                                                                                                           | 5,654,205.            | 5,654,205.                      |                                        |                             |
| <b>15</b> Royalties .....                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| <b>16</b> Occupancy .....                                                                                                                                                                                                                        | 666,589.              | 659,023.                        | 7,566.                                 |                             |
| <b>17</b> Travel .....                                                                                                                                                                                                                           | 333,472.              | 248,042.                        | 66,937.                                | 18,493.                     |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...                                                                                                                                     |                       |                                 |                                        |                             |
| <b>19</b> Conferences, conventions, and meetings .....                                                                                                                                                                                           |                       |                                 |                                        |                             |
| <b>20</b> Interest .....                                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| <b>21</b> Payments to affiliates .....                                                                                                                                                                                                           |                       |                                 |                                        |                             |
| <b>22</b> Depreciation, depletion, and amortization .....                                                                                                                                                                                        | 2,896,892.            | 2,896,892.                      |                                        |                             |
| <b>23</b> Insurance .....                                                                                                                                                                                                                        | 5,837.                | 5,837.                          |                                        |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)                                    |                       |                                 |                                        |                             |
| <b>a</b> Allocated SLHS Wages                                                                                                                                                                                                                    | 49,067,008.           | 43,645,343.                     | 4,970,703.                             | 450,962.                    |
| <b>b</b> Supplies                                                                                                                                                                                                                                | 15,572,204.           | 14,955,380.                     | 562,003.                               | 54,821.                     |
| <b>c</b> Allocated SLHS Expense                                                                                                                                                                                                                  | 8,009,954.            | 7,337,209.                      | 672,745.                               |                             |
| <b>d</b> Repairs                                                                                                                                                                                                                                 | 2,123,514.            | 344,114.                        | 1,779,400.                             |                             |
| <b>e</b> All other expenses                                                                                                                                                                                                                      | 2,287,969.            | 1,869,547.                      | 376,405.                               | 42,017.                     |
| <b>25</b> Total functional expenses. Add lines 1 through 24e                                                                                                                                                                                     | 93,747,397.           | 84,505,177.                     | 8,472,956.                             | 769,264.                    |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |                                        |                             |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X ☐

|                                                                                  |                                                                                                                                                                                                                                | (A)<br>Beginning of year |              | (B)<br>End of year |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------|--------------------|
| <b>Assets</b>                                                                    | <b>1</b> Cash - non-interest-bearing .....                                                                                                                                                                                     |                          | <b>1</b>     |                    |
|                                                                                  | <b>2</b> Savings and temporary cash investments .....                                                                                                                                                                          |                          | <b>2</b>     |                    |
|                                                                                  | <b>3</b> Pledges and grants receivable, net .....                                                                                                                                                                              |                          | <b>3</b>     |                    |
|                                                                                  | <b>4</b> Accounts receivable, net .....                                                                                                                                                                                        | 15,835,063.              | <b>4</b>     | 17,041,810.        |
|                                                                                  | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | <b>5</b>     |                    |
|                                                                                  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....                                                               |                          | <b>6</b>     |                    |
|                                                                                  | <b>7</b> Notes and loans receivable, net .....                                                                                                                                                                                 | 3,537,985.               | <b>7</b>     | 4,038,707.         |
|                                                                                  | <b>8</b> Inventories for sale or use .....                                                                                                                                                                                     | 1,842,602.               | <b>8</b>     | 1,779,443.         |
|                                                                                  | <b>9</b> Prepaid expenses and deferred charges .....                                                                                                                                                                           | 47,687.                  | <b>9</b>     | 36,880.            |
|                                                                                  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....                                                                                                                           | <b>10a</b> 83,222,545.   |              |                    |
|                                                                                  | <b>b</b> Less: accumulated depreciation .....                                                                                                                                                                                  | <b>10b</b> 52,042,057.   |              |                    |
|                                                                                  |                                                                                                                                                                                                                                | 29,564,491.              | <b>10c</b>   | 31,180,488.        |
|                                                                                  | <b>11</b> Investments - publicly traded securities .....                                                                                                                                                                       |                          | <b>11</b>    |                    |
|                                                                                  | <b>12</b> Investments - other securities. See Part IV, line 11 .....                                                                                                                                                           |                          | <b>12</b>    |                    |
|                                                                                  | <b>13</b> Investments - program-related. See Part IV, line 11 .....                                                                                                                                                            |                          | <b>13</b>    |                    |
|                                                                                  | <b>14</b> Intangible assets .....                                                                                                                                                                                              | 80,350.                  | <b>14</b>    | 64,280.            |
| <b>15</b> Other assets. See Part IV, line 11 .....                               | 97,979,566.                                                                                                                                                                                                                    | <b>15</b>                | 102,294,510. |                    |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 148,887,744.                                                                                                                                                                                                                   | <b>16</b>                | 156,436,118. |                    |
| <b>Liabilities</b>                                                               | <b>17</b> Accounts payable and accrued expenses .....                                                                                                                                                                          | 2,684,872.               | <b>17</b>    | 2,957,339.         |
|                                                                                  | <b>18</b> Grants payable .....                                                                                                                                                                                                 |                          | <b>18</b>    |                    |
|                                                                                  | <b>19</b> Deferred revenue .....                                                                                                                                                                                               |                          | <b>19</b>    |                    |
|                                                                                  | <b>20</b> Tax-exempt bond liabilities .....                                                                                                                                                                                    |                          | <b>20</b>    |                    |
|                                                                                  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....                                                                                                                                          |                          | <b>21</b>    |                    |
|                                                                                  | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                          | <b>22</b>    |                    |
|                                                                                  | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....                                                                                                                                                 |                          | <b>23</b>    |                    |
|                                                                                  | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....                                                                                                                                                   |                          | <b>24</b>    |                    |
|                                                                                  | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....                                          | 1,987,051.               | <b>25</b>    | 2,253,169.         |
|                                                                                  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....                                                                                                                                                              | 4,671,923.               | <b>26</b>    | 5,210,508.         |
| <b>Net Assets or Fund Balances</b>                                               | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>                                                                                    |                          |              |                    |
|                                                                                  | <b>27</b> Net assets without donor restrictions .....                                                                                                                                                                          | 144,215,821.             | <b>27</b>    | 151,225,610.       |
|                                                                                  | <b>28</b> Net assets with donor restrictions .....                                                                                                                                                                             |                          | <b>28</b>    |                    |
|                                                                                  | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>                                                                                             |                          |              |                    |
|                                                                                  | <b>29</b> Capital stock or trust principal, or current funds .....                                                                                                                                                             |                          | <b>29</b>    |                    |
|                                                                                  | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....                                                                                                                                               |                          | <b>30</b>    |                    |
|                                                                                  | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....                                                                                                                                               |                          | <b>31</b>    |                    |
|                                                                                  | <b>32</b> Total net assets or fund balances .....                                                                                                                                                                              | 144,215,821.             | <b>32</b>    | 151,225,610.       |
|                                                                                  | <b>33</b> Total liabilities and net assets/fund balances .....                                                                                                                                                                 | 148,887,744.             | <b>33</b>    | 156,436,118.       |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI ☐

|           |                                                                                                                |           |              |
|-----------|----------------------------------------------------------------------------------------------------------------|-----------|--------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | <b>1</b>  | 100,757,186. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                       | <b>2</b>  | 93,747,397.  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1                                                             | <b>3</b>  | 7,009,789.   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 144,215,821. |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                   | <b>5</b>  |              |
| <b>6</b>  | Donated services and use of facilities                                                                         | <b>6</b>  |              |
| <b>7</b>  | Investment expenses                                                                                            | <b>7</b>  |              |
| <b>8</b>  | Prior period adjustments                                                                                       | <b>8</b>  |              |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)                                           | <b>9</b>  | 0.           |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 151,225,610. |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII ☐

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes | No |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.                                                                                                                                             |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | X   |    |
| <b>c</b>  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.                                                                     | X   |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____                                                                                                                                                                                                                                                           |     | X  |
| <b>b</b>  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____                                                                                                                                                                                                      |     |    |

Form **990** (2023)

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public  
Inspection**

|                                |            |
|--------------------------------|------------|
| Employer identification number | 84-1421665 |
|--------------------------------|------------|

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

**f** Enter the number of supported organizations

**g** Provide the following information about the supported organization(s).

| g Provide the following information about the supported organization(s). |          |                                                                               |                                                             |    |                                                   |                                                 |
|--------------------------------------------------------------------------|----------|-------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
| (i) Name of supported organization                                       | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|                                                                          |          |                                                                               | Yes                                                         | No |                                                   |                                                 |
|                                                                          |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                                                          |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                                                          |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                                                          |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                                                          |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                                                          |          |                                                                               |                                                             |    |                                                   |                                                 |
| <b>Total</b>                                                             |          |                                                                               |                                                             |    |                                                   |                                                 |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                                        | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....                                                                                                  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....                                                                                                     |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...                                                                                               |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....                                                                                                                                                                        |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.                                                                                                                                                              |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                       | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....                                                                                                                                                                |          |          |          |          |          |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...                                                      |          |          |          |          |          |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...                                                                                   |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                                                                   |          |          |          |          |          |                          |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                                                                                   |          |          |          |          |          |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....                                                                                                                   |          |          |          |          | 12       |                          |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                 |    |   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|
| <b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....                                                                                                                                                                                                                                                                                                         | 14 | % |
| <b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....                                                                                                                                                                                                                                                                                                                                | 15 | % |
| <b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....                                                                                                                                                                        |    |   |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                        |    |   |
| <b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....                                                                                                                                                                     |    |   |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                        |    |   |
| <b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    |    |   |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                        |    |   |
| <b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... |    |   |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                        |    |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....                                                                                                                                                                                                                                                              |    |   |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                        |    |   |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                             | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....                                                                       |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....                                                                             |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....                                                                                                |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....                                                                                                                                                      |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)                                                                                                                                |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                      | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....                                                                                                               |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....                                                                                                             |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)                                                                                         |          |          |          |          |          |           |

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

|                                                                                                         |           |   |
|---------------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                                     |           |   |
|---------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>                                                                                                                                                                                                                    |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>                                                                                                                                                                                                                                                 |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>                                                                                                                                                                                                                                                                                                                                                                                       |     |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>                                                                                                                                                                                                                                                               |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>                                                                                                                                                                                                                                                                                                        |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>                                                                                                                                                                                                                                                                                                                                    |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>                                                                                                                                                                                                            |     |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>                                                                                                                                                                               |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>                                                              |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>                                                                                                                                                                                                  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>                                                                                                                                                                                                                                                                                                                                                            |     |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>                                                                                                                                                                                                                                         |     |    |
| <b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>                                                                                                                                                                                                                                                                                                   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>                                                                                                                                                                                                                                                  |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>                                                                                                                                                                                                                                                                                                                                                       |     |    |

**Part IV** Supporting Organizations (continued)

|                                                                                                                                                                                    | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?                                                                                  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? |     |    |
| <b>11a</b>                                                                                                                                                                         |     |    |
| <b>b</b> A family member of a person described on line 11a above?                                                                                                                  |     |    |
| <b>11b</b>                                                                                                                                                                         |     |    |
| <b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .                             |     |    |
| <b>11c</b>                                                                                                                                                                         |     |    |

**Section B. Type I Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |

**Section C. Type II Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                             |     |    |

**Section D. All Type III Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).                                                                                                                       |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.                                                                                |     |    |
| <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. |  |  |  |
| <b>2a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| <b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.                                                                                                                  |  |  |  |
| <b>2b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .                                                                                                                                                                                                                                                                                                              |  |  |  |
| <b>3a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.                                                                                                                                                                                                                                                                                   |  |  |  |
| <b>3b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1                               | Net short-term capital gain                                                                                                                                                                              | 1              |                             |
| 2                               | Recoveries of prior-year distributions                                                                                                                                                                   | 2              |                             |
| 3                               | Other gross income (see instructions)                                                                                                                                                                    | 3              |                             |
| 4                               | Add lines 1 through 3.                                                                                                                                                                                   | 4              |                             |
| 5                               | Depreciation and depletion                                                                                                                                                                               | 5              |                             |
| 6                               | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                               | Other expenses (see instructions)                                                                                                                                                                        | 7              |                             |
| 8                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)                                                                                                                                      | 8              |                             |

| Section B - Minimum Asset Amount |                                                                                                                                 | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                | Average monthly value of securities                                                                                             | 1a             |                             |
| b                                | Average monthly cash balances                                                                                                   | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets                                                                                | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                         | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                  |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets                                                                    | 2              |                             |
| 3                                | Subtract line 2 from line 1d.                                                                                                   | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                | 5              |                             |
| 6                                | Multiply line 5 by 0.035.                                                                                                       | 6              |                             |
| 7                                | Recoveries of prior-year distributions                                                                                          | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                              | 8              |                             |

| Section C - Distributable Amount |                                                                                                                                                                           |   | Current Year |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)                                                                                                     | 1 |              |
| 2                                | Enter 0.85 of line 1.                                                                                                                                                     | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)                                                                                                    | 3 |              |
| 4                                | Enter greater of line 2 or line 3.                                                                                                                                        | 4 |              |
| 5                                | Income tax imposed in prior year                                                                                                                                          | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).                                             | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| Section D - Distributions |                                                                                                                                                     | Current Year |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1                         | Amounts paid to supported organizations to accomplish exempt purposes                                                                               | 1            |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | 2            |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations                                                               | 3            |
| 4                         | Amounts paid to acquire exempt-use assets                                                                                                           | 4            |
| 5                         | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )                                                      | 5            |
| 6                         | Other distributions ( <i>describe in Part VI</i> ). See instructions.                                                                               | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.                                                                                           | 7            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | 8            |
| 9                         | Distributable amount for 2023 from Section C, line 6                                                                                                | 9            |
| 10                        | Line 8 amount divided by line 9 amount                                                                                                              | 10           |

| Section E - Distribution Allocations (see instructions)                                                                                                                           | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2023 | (iii)<br>Distributable<br>Amount for 2023 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| 1 Distributable amount for 2023 from Section C, line 6                                                                                                                            |                             |                                        |                                           |
| 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.                                                 |                             |                                        |                                           |
| 3 Excess distributions carryover, if any, to 2023                                                                                                                                 |                             |                                        |                                           |
| a From 2018                                                                                                                                                                       |                             |                                        |                                           |
| b From 2019                                                                                                                                                                       |                             |                                        |                                           |
| c From 2020                                                                                                                                                                       |                             |                                        |                                           |
| d From 2021                                                                                                                                                                       |                             |                                        |                                           |
| e From 2022                                                                                                                                                                       |                             |                                        |                                           |
| f <b>Total</b> of lines 3a through 3e                                                                                                                                             |                             |                                        |                                           |
| g Applied to underdistributions of prior years                                                                                                                                    |                             |                                        |                                           |
| h Applied to 2023 distributable amount                                                                                                                                            |                             |                                        |                                           |
| i Carryover from 2018 not applied (see instructions)                                                                                                                              |                             |                                        |                                           |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                                                                                                          |                             |                                        |                                           |
| 4 Distributions for 2023 from Section D, line 7: \$                                                                                                                               |                             |                                        |                                           |
| a Applied to underdistributions of prior years                                                                                                                                    |                             |                                        |                                           |
| b Applied to 2023 distributable amount                                                                                                                                            |                             |                                        |                                           |
| c Remainder. Subtract lines 4a and 4b from line 4.                                                                                                                                |                             |                                        |                                           |
| 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                             |                                        |                                           |
| 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                             |                                        |                                           |
| 7 <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.                                                                                                             |                             |                                        |                                           |
| 8 Breakdown of line 7:                                                                                                                                                            |                             |                                        |                                           |
| a Excess from 2019                                                                                                                                                                |                             |                                        |                                           |
| b Excess from 2020                                                                                                                                                                |                             |                                        |                                           |
| c Excess from 2021                                                                                                                                                                |                             |                                        |                                           |
| d Excess from 2022                                                                                                                                                                |                             |                                        |                                           |
| e Excess from 2023                                                                                                                                                                |                             |                                        |                                           |

### Supplemental Information.

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

# Schedule B (Form 990)

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2023

Name of the organization

St. Luke's Wood River Medical Center,  
Ltd.

Employer identification number

84-1421665

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

## General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

## Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

|                                                                       |                                                  |
|-----------------------------------------------------------------------|--------------------------------------------------|
| Name of organization<br>St. Luke's Wood River Medical Center,<br>Ltd. | Employer identification number<br><br>84-1421665 |
|-----------------------------------------------------------------------|--------------------------------------------------|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                |
|------------|-----------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          |                                   | \$ 2,152,626.              | Person <input checked="checked" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                   |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                   |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                   |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                   |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                   |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                   |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                   |

Employer identification number

84-1421665

## Part II

| (a)<br>No.<br>from<br>Part I | (b)<br><br>Description of noncash property given | (c)<br><br>FMV (or estimate)<br>(See instructions.) | (d)<br><br>Date received |
|------------------------------|--------------------------------------------------|-----------------------------------------------------|--------------------------|
|                              | _____<br>_____<br>_____<br>_____                 | \$ _____                                            | _____                    |
| (a)<br>No.<br>from<br>Part I | (b)<br><br>Description of noncash property given | (c)<br><br>FMV (or estimate)<br>(See instructions.) | (d)<br><br>Date received |
|                              | _____<br>_____<br>_____<br>_____                 | \$ _____                                            | _____                    |
| (a)<br>No.<br>from<br>Part I | (b)<br><br>Description of noncash property given | (c)<br><br>FMV (or estimate)<br>(See instructions.) | (d)<br><br>Date received |
|                              | _____<br>_____<br>_____<br>_____                 | \$ _____                                            | _____                    |
| (a)<br>No.<br>from<br>Part I | (b)<br><br>Description of noncash property given | (c)<br><br>FMV (or estimate)<br>(See instructions.) | (d)<br><br>Date received |
|                              | _____<br>_____<br>_____<br>_____                 | \$ _____                                            | _____                    |
| (a)<br>No.<br>from<br>Part I | (b)<br><br>Description of noncash property given | (c)<br><br>FMV (or estimate)<br>(See instructions.) | (d)<br><br>Date received |
|                              | _____<br>_____<br>_____<br>_____                 | \$ _____                                            | _____                    |
| (a)<br>No.<br>from<br>Part I | (b)<br><br>Description of noncash property given | (c)<br><br>FMV (or estimate)<br>(See instructions.) | (d)<br><br>Date received |
|                              | _____<br>_____<br>_____<br>_____                 | \$ _____                                            | _____                    |
| (a)<br>No.<br>from<br>Part I | (b)<br><br>Description of noncash property given | (c)<br><br>FMV (or estimate)<br>(See instructions.) | (d)<br><br>Date received |
|                              | _____<br>_____<br>_____<br>_____                 | \$ _____                                            | _____                    |

|                                                                       |                                                  |
|-----------------------------------------------------------------------|--------------------------------------------------|
| Name of organization<br>St. Luke's Wood River Medical Center,<br>Ltd. | Employer identification number<br><br>84-1421665 |
|-----------------------------------------------------------------------|--------------------------------------------------|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No.<br>from<br>Part I | (b) Purpose of gift                     | (c) Use of gift | (d) Description of how gift is held      |
|---------------------------|-----------------------------------------|-----------------|------------------------------------------|
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization St. Luke's Wood River Medical Center,  
Ltd.

Employer identification number  
84-1421665

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|                                                                                                                                                                                                                                                                             | (a) Donor advised funds      | (b) Funds and other accounts |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------|
| 1 Total number at end of year .....                                                                                                                                                                                                                                         |                              |                              |
| 2 Aggregate value of contributions to (during year) .....                                                                                                                                                                                                                   |                              |                              |
| 3 Aggregate value of grants from (during year) .....                                                                                                                                                                                                                        |                              |                              |
| 4 Aggregate value at end of year .....                                                                                                                                                                                                                                      |                              |                              |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....                                                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

|                                                                                                     |                                                                             |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                              | <input type="checkbox"/> Preservation of a certified historic structure     |
| <input type="checkbox"/> Preservation of open space                                                 |                                                                             |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|                                                                                                                                                            | Held at the End of the Tax Year |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| a Total number of conservation easements .....                                                                                                             | 2a                              |
| b Total acreage restricted by conservation easements .....                                                                                                 | 2b                              |
| c Number of conservation easements on a certified historic structure included on line 2a .....                                                             | 2c                              |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....

4 Number of states where property subject to conservation easement is located .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

**a** ☐ Public exhibition

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

|           | Amount |
|-----------|--------|
| <b>1c</b> |        |
| <b>1d</b> |        |
| <b>1e</b> |        |
| <b>1f</b> |        |

**c** Beginning balance .....

**d** Additions during the year .....

**e** Distributions during the year .....

**f** Ending balance .....

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

**Part V Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|                                                               | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---------------------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance .....                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions .....                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses .....     |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships .....                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs ..... |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses .....                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance .....                            |                  |                |                    |                      |                     |

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment \_\_\_\_\_ %

**b** Permanent endowment \_\_\_\_\_ %

**c** Term endowment \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? .....

(ii) Related organizations? .....

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....

|               | Yes | No |
|---------------|-----|----|
| <b>3a(i)</b>  |     |    |
| <b>3a(ii)</b> |     |    |
| <b>3b</b>     |     |    |

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property                                                                                     | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land .....                                                                                        |                                      | 4,434,711.                      |                              | 4,434,711.     |
| <b>b</b> Buildings .....                                                                                    |                                      | 56,128,164.                     | 35,986,031.                  | 20,142,133.    |
| <b>c</b> Leasehold improvements .....                                                                       |                                      |                                 |                              |                |
| <b>d</b> Equipment .....                                                                                    |                                      | 20,968,496.                     | 16,056,026.                  | 4,912,470.     |
| <b>e</b> Other .....                                                                                        |                                      | 1,691,174.                      |                              | 1,691,174.     |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) ..... |                                      |                                 |                              | 31,180,488.    |

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)    | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|-------------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| (1) Financial derivatives .....                                         |                |                                                           |
| (2) Closely held equity interests .....                                 |                |                                                           |
| (3) Other .....                                                         |                |                                                           |
| (A) .....                                                               |                |                                                           |
| (B) .....                                                               |                |                                                           |
| (C) .....                                                               |                |                                                           |
| (D) .....                                                               |                |                                                           |
| (E) .....                                                               |                |                                                           |
| (F) .....                                                               |                |                                                           |
| (G) .....                                                               |                |                                                           |
| (H) .....                                                               |                |                                                           |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B)) |                |                                                           |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment                                           | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|-------------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| (1) .....                                                               |                |                                                           |
| (2) .....                                                               |                |                                                           |
| (3) .....                                                               |                |                                                           |
| (4) .....                                                               |                |                                                           |
| (5) .....                                                               |                |                                                           |
| (6) .....                                                               |                |                                                           |
| (7) .....                                                               |                |                                                           |
| (8) .....                                                               |                |                                                           |
| (9) .....                                                               |                |                                                           |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B)) |                |                                                           |

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description                                                           | (b) Book value |
|---------------------------------------------------------------------------|----------------|
| (1) Due from Related Parties                                              | 101,737,545.   |
| (2) Deposits                                                              | 556,965.       |
| (3) .....                                                                 |                |
| (4) .....                                                                 |                |
| (5) .....                                                                 |                |
| (6) .....                                                                 |                |
| (7) .....                                                                 |                |
| (8) .....                                                                 |                |
| (9) .....                                                                 |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) | 102,294,510.   |

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| (a) Description of liability                                              | (b) Book value |
|---------------------------------------------------------------------------|----------------|
| 1. (1) Federal income taxes                                               |                |
| (2) Operating Leases                                                      | 882,939.       |
| (3) Medicare Medicaid AP                                                  | 1,347,000.     |
| (4) Due to Related Parties                                                | 23,230.        |
| (5) .....                                                                 |                |
| (6) .....                                                                 |                |
| (7) .....                                                                 |                |
| (8) .....                                                                 |                |
| (9) .....                                                                 |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 2,253,169.     |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |                                                                                                      |           |  |
|----------|------------------------------------------------------------------------------------------------------|-----------|--|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements .....                       | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                  |           |  |
| <b>a</b> | Net unrealized gains (losses) on investments .....                                                   | <b>2a</b> |  |
| <b>b</b> | Donated services and use of facilities .....                                                         | <b>2b</b> |  |
| <b>c</b> | Recoveries of prior year grants .....                                                                | <b>2c</b> |  |
| <b>d</b> | Other (Describe in Part XIII.) .....                                                                 | <b>2d</b> |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> .....                                                          | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> .....                                                     | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                 |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b .....                               | <b>4a</b> |  |
| <b>b</b> | Other (Describe in Part XIII.) .....                                                                 | <b>4b</b> |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> .....                                                              | <b>4c</b> |  |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) ..... | <b>5</b>  |  |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |                                                                                                       |           |  |
|----------|-------------------------------------------------------------------------------------------------------|-----------|--|
| <b>1</b> | Total expenses and losses per audited financial statements .....                                      | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                     |           |  |
| <b>a</b> | Donated services and use of facilities .....                                                          | <b>2a</b> |  |
| <b>b</b> | Prior year adjustments .....                                                                          | <b>2b</b> |  |
| <b>c</b> | Other losses .....                                                                                    | <b>2c</b> |  |
| <b>d</b> | Other (Describe in Part XIII.) .....                                                                  | <b>2d</b> |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> .....                                                           | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> .....                                                      | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                    |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b .....                                | <b>4a</b> |  |
| <b>b</b> | Other (Describe in Part XIII.) .....                                                                  | <b>4b</b> |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> .....                                                               | <b>4c</b> |  |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) ..... | <b>5</b>  |  |

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, Line 2:

Footnote Disclosure-Uncertain Tax Positions Under ASC 740 (Source:

Consolidated Financial Statements-St. Luke's Health System Fiscal Year

2024)

Income Taxes - The Health System is a not-for-profit corporation and is

recognized as tax-exempt pursuant to Section 501(c)(3) of the Internal

Revenue Code of 1986, as amended. The Health System has activities that

are considered unrelated business taxable income ("UBTI"), which are

subject to income tax. The Health System also has two taxable

subsidiaries, the Network, and the Plan whose operations are included in

the consolidated financial statements and as such we have provided for

**Part XIII** Supplemental Information *(continued)*

income taxes on this activity under the Accounting Standards Codification

("ASC") 740.

For the Health System's taxable subsidiary and activities considered UBTI,

income taxes are accounted for under the asset and liability method, which

requires the recognition of Deferred Tax Assets ("DTAs") and Deferred Tax

Liabilities ("DTLs") for the expected future tax consequences of events

that have been included in the consolidated financial statements. Under

this method, the Health System determines DTAs and DTLs based on the

differences between the financial statement and tax bases of assets and

liabilities using enacted tax rates in effect for the year in which the

differences are expected to reverse. The effect of a change in tax rates

on DTAs and DTLs is recognized in results of operations in the period that

includes the enactment date of the rate change.

The Health System recognizes DTAs to the extent that these assets are more

likely than not to be realized. In making such a determination, the Health

System considers all available positive and negative evidence, including

future reversals of existing taxable temporary differences, projected

future taxable income, tax-planning strategies, and results of recent

operations. If the Health System determines that DTAs are realizable in

the future in excess of their net recorded amount, the Health System would

make an adjustment to the DTA valuation allowance, which would reduce the

provision for income taxes.

The Health System records uncertain tax positions in accordance with ASC

740 on the basis of a two-step process in which (1) the Health System

determines whether it is more likely than not that the tax positions will

**Part XIII** Supplemental Information *(continued)*

be sustained on the basis of the technical merits of the position and (2)  
for those tax positions that meet the more-likely-than-not recognition  
threshold, the Health System recognizes the largest amount of tax benefit  
that is more than 50 percent likely to be realized upon ultimate  
settlement with the related tax authority. Management is not aware of any  
uncertain tax positions that should be recorded.

**SCHEDULE H  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Hospitals**

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**Open to Public  
InspectionName of the organization St. Luke's Wood River Medical Center,  
Ltd.Employer identification number  
84-1421665**Part I Financial Assistance and Certain Other Community Benefits at Cost**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | X   |    |
| <b>1b</b> If "Yes," was it a written policy? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | X   |    |
| <b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year:<br><input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><input type="checkbox"/> Generally tailored to individual hospital facilities                                                                                                                          |     |    |
| <b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.<br><b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care?<br>If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: .....<br><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % | X   |    |
| <b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: .....<br><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %                                                                                                                                            | X   |    |
| <b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.                                                                                                                                                                                                                  |     |    |
| <b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? .....                                                                                                                                                                                                                                                                                                                                                                                 | X   |    |
| <b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? .....                                                                                                                                                                                                                                                                                                                                                                                                                                       |     | X  |
| <b>5b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |    |
| <b>5c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? .....                                                                                                                                                                                                                                                                                                                                                                                      |     |    |
| <b>6a</b> Did the organization prepare a community benefit report during the tax year? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     | X  |
| <b>6b</b> If "Yes," did the organization make it available to the public? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |    |

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

| Financial Assistance and Means-Tested Government Programs                                                | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Financial Assistance at cost (from Worksheet 1) .....                                           |                                                 |                               | 2,490,157.                          |                               | 2,490,157.                        | 2.66%                        |
| <b>b</b> Medicaid (from Worksheet 3, column a) .....                                                     |                                                 |                               | 5,476,329.                          | 3,235,037.                    | 2,241,292.                        | 2.39%                        |
| <b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....              |                                                 |                               |                                     |                               |                                   |                              |
| <b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....                          |                                                 |                               | 7,966,486.                          | 3,235,037.                    | 4,731,449.                        | 5.05%                        |
| <b>Other Benefits</b>                                                                                    |                                                 |                               |                                     |                               |                                   |                              |
| <b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) ..... |                                                 |                               | 602,230.                            | 180.                          | 602,050.                          | .64%                         |
| <b>f</b> Health professions education (from Worksheet 5) .....                                           |                                                 |                               | 1,093,024.                          |                               | 1,093,024.                        | 1.17%                        |
| <b>g</b> Subsidized health services (from Worksheet 6) .....                                             |                                                 |                               | 2,760,809.                          | 1,050,337.                    | 1,710,472.                        | 1.82%                        |
| <b>h</b> Research (from Worksheet 7) .....                                                               |                                                 |                               |                                     |                               |                                   |                              |
| <b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....                   |                                                 |                               | 194,215.                            |                               | 194,215.                          | .21%                         |
| <b>j Total.</b> Other Benefits .....                                                                     |                                                 |                               | 4,650,278.                          | 1,050,517.                    | 3,599,761.                        | 3.84%                        |
| <b>k Total.</b> Add lines 7d and 7j .....                                                                |                                                 |                               | 12,616,764.                         | 4,285,554.                    | 8,331,210.                        | 8.89%                        |

|                 |                                                       |
|-----------------|-------------------------------------------------------|
| <b>Part III</b> | <b>Bad Debt, Medicare, &amp; Collection Practices</b> |
|-----------------|-------------------------------------------------------|

|                |                                                |                                                                                                        |
|----------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>Management Companies and Joint Ventures</b> | (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions) |
|----------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------|

Schedule H (Form 990) 2023

## Section A. Hospital Facilities

How many hospital facilities did the organization operate during the tax year? 1

1 St. Luke's Wood River Medical Center

100 Hospital Drive

Ketchum, ID 83340

www.stlukesonline.org

State of Idaho License #HH-62

[illegible]

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

**Name of hospital facility or letter of facility reporting group:** St. Luke's Wood River Medical Center

**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** 1

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes        | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>Community Health Needs Assessment</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |            |    |
| <b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....                                                                                                                                                                                                                                                                       | <b>1</b>   | X  |
| <b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....                                                                                                                                                                                                                                          | <b>2</b>   | X  |
| <b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....                                                                                                                                                                                                                                                                     | <b>3</b>   | X  |
| If "Yes," indicate what the CHNA report describes (check all that apply):                                                                                                                                                                                                                                                                                                                                                                                           |            |    |
| <b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility                                                                                                                                                                                                                                                                                                                                                          |            |    |
| <b>b</b> <input checked="" type="checkbox"/> Demographics of the community                                                                                                                                                                                                                                                                                                                                                                                          |            |    |
| <b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community                                                                                                                                                                                                                                                                                  |            |    |
| <b>d</b> <input checked="" type="checkbox"/> How data was obtained                                                                                                                                                                                                                                                                                                                                                                                                  |            |    |
| <b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community                                                                                                                                                                                                                                                                                                                                                                          |            |    |
| <b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups                                                                                                                                                                                                                                                                                                |            |    |
| <b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs                                                                                                                                                                                                                                                                                                    |            |    |
| <b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests                                                                                                                                                                                                                                                                                                                                         |            |    |
| <b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)                                                                                                                                                                                                                                                                                            |            |    |
| <b>j</b> <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                                                                                                     |            |    |
| <b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: <u>20 22</u>                                                                                                                                                                                                                                                                                                                                                                            |            |    |
| <b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted ..... | <b>5</b>   | X  |
| <b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....                                                                                                                                                                                                                                                                                                    | <b>6a</b>  | X  |
| <b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....                                                                                                                                                                                                                                                                                        | <b>6b</b>  | X  |
| <b>7</b> Did the hospital facility make its CHNA report widely available to the public? .....                                                                                                                                                                                                                                                                                                                                                                       | <b>7</b>   | X  |
| If "Yes," indicate how the CHNA report was made widely available (check all that apply):                                                                                                                                                                                                                                                                                                                                                                            |            |    |
| <b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>www.stlukesonline.org/about-st-lukes/supporting-the-community</u>                                                                                                                                                                                                                                                                                                           |            |    |
| <b>b</b> <input type="checkbox"/> Other website (list url): .....                                                                                                                                                                                                                                                                                                                                                                                                   |            |    |
| <b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility                                                                                                                                                                                                                                                                                                                              |            |    |
| <b>d</b> <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                                                                                                     |            |    |
| <b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....                                                                                                                                                                                                                                                              | <b>8</b>   | X  |
| <b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 22</u>                                                                                                                                                                                                                                                                                                                                                          |            |    |
| <b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? .....                                                                                                                                                                                                                                                                                                                                                       | <b>10</b>  | X  |
| <b>a</b> If "Yes," (list url): <u>www.stlukesonline.org/about-st-lukes/supporting-the-community</u>                                                                                                                                                                                                                                                                                                                                                                 |            |    |
| <b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....                                                                                                                                                                                                                                                                                                                                           | <b>10b</b> |    |
| <b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.                                                                                                                                                                                                      |            |    |
| <b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....                                                                                                                                                                                                                                                                                                | <b>12a</b> | X  |
| <b>b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....                                                                                                                                                                                                                                                                                                                                                     | <b>12b</b> |    |
| <b>c</b> If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$                                                                                                                                                                                                                                                                                                    |            |    |

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group: St. Luke's Wood River Medical Center

|                                                                                                                                                                                                                                                                                                                                                       | Yes         | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that:                                                                                                                                                                                                                                               |             |    |
| <b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....                                                                                                                                                                                                                | <b>13</b> X |    |
| If "Yes," indicate the eligibility criteria explained in the FAP:                                                                                                                                                                                                                                                                                     |             |    |
| a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> %<br>and FPG family income limit for eligibility for discounted care of <u>400</u> %                                                                                                                 |             |    |
| b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)                                                                                                                                                                                                                                                             |             |    |
| c <input checked="" type="checkbox"/> Asset level                                                                                                                                                                                                                                                                                                     |             |    |
| d <input checked="" type="checkbox"/> Medical indigency                                                                                                                                                                                                                                                                                               |             |    |
| e <input checked="" type="checkbox"/> Insurance status                                                                                                                                                                                                                                                                                                |             |    |
| f <input checked="" type="checkbox"/> Underinsurance status                                                                                                                                                                                                                                                                                           |             |    |
| g <input checked="" type="checkbox"/> Residency                                                                                                                                                                                                                                                                                                       |             |    |
| h <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                              |             |    |
| <b>14</b> Explained the basis for calculating amounts charged to patients? .....                                                                                                                                                                                                                                                                      | <b>14</b> X |    |
| <b>15</b> Explained the method for applying for financial assistance? .....                                                                                                                                                                                                                                                                           | <b>15</b> X |    |
| If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):                                                                                                                                                   |             |    |
| a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application                                                                                                                                                                                               |             |    |
| b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application                                                                                                                                                                                   |             |    |
| c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process                                                                                                                                                            |             |    |
| d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications                                                                                                                                                                                 |             |    |
| e <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                              |             |    |
| <b>16</b> Was widely publicized within the community served by the hospital facility? .....                                                                                                                                                                                                                                                           | <b>16</b> X |    |
| If "Yes," indicate how the hospital facility publicized the policy (check all that apply):                                                                                                                                                                                                                                                            |             |    |
| a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Part V, Page 8</u>                                                                                                                                                                                                                                 |             |    |
| b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V, Page 8</u>                                                                                                                                                                                                                |             |    |
| c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V, Page 8</u>                                                                                                                                                                                                     |             |    |
| d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)                                                                                                                                                                                                |             |    |
| e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)                                                                                                                                                                               |             |    |
| f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)                                                                                                                                                                    |             |    |
| g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention |             |    |
| h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP                                                                                                                                                                                             |             |    |
| i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations                                                                                                                                       |             |    |
| j <input checked="" type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                   |             |    |

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group: St. Luke's Wood River Medical Center

|                                                                                                                                                                                                                                                                                   | Yes       | No |   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|---|
| <b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? ..... | <b>17</b> | X  |   |
| <b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:                            |           |    |   |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)                                                                                                                                                                                                                 |           |    |   |
| <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party                                                                                                                                                                                                   |           |    |   |
| <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP                                                                    |           |    |   |
| <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process                                                                                                                                                                                                |           |    |   |
| <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)                                                                                                                                                                                                   |           |    |   |
| <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted                                                                                                                                                                        |           |    |   |
| <b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....                                                 | <b>19</b> |    | X |
| If "Yes," check all actions in which the hospital facility or a third party engaged:                                                                                                                                                                                              |           |    |   |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)                                                                                                                                                                                                                 |           |    |   |
| <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party                                                                                                                                                                                                   |           |    |   |
| <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP                                                                    |           |    |   |
| <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process                                                                                                                                                                                                |           |    |   |
| <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)                                                                                                                                                                                                   |           |    |   |
| <b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):                                                                                     |           |    |   |
| <b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)                                |           |    |   |
| <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)                                                                                                      |           |    |   |
| <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)                                                                                                                                                   |           |    |   |
| <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)                                                                                                                                                          |           |    |   |
| <b>e</b> <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                   |           |    |   |
| <b>f</b> <input type="checkbox"/> None of these efforts were made                                                                                                                                                                                                                 |           |    |   |

**Policy Relating to Emergency Medical Care**

|                                                                                                                                                                                                                                                                                                                                                         |           |   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---|--|
| <b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? ..... | <b>21</b> | X |  |
| If "No," indicate why:                                                                                                                                                                                                                                                                                                                                  |           |   |  |
| <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions                                                                                                                                                                                                                                       |           |   |  |
| <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing                                                                                                                                                                                                                                                                     |           |   |  |
| <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)                                                                                                                                                                                               |           |   |  |
| <b>d</b> <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                         |           |   |  |

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Name of hospital facility or letter of facility reporting group: St. Luke's Wood River Medical Center

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes       | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:<br><b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period<br><b>b</b> <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period<br><b>c</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period<br><b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method |           |    |
| <b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....<br>If "Yes," explain in Section C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>23</b> | X  |
| <b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....<br>If "Yes," explain in Section C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>24</b> | X  |

Schedule H (Form 990) 2023

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

St. Luke's Wood River Medical Center:

Part V, Section B, Line 5: The initial step in the CHNA process is to

gain an understanding of the health status from existing data and

community members. This can include health outcomes such as rates of

various diseases, causes of death, and social determinants of health. This

information helps assess what can be done within the community to meet the

needs with programs, services, or policies. After data analysis, a

rigorous prioritization process is employed to ensure the highest

priorities identified within the community are addressed by the CHNA. This

process includes various community members and stakeholders providing

their community input and values across all aspects of this report and

next steps.

This CHNA aims to identify the health needs of Blaine County, Idaho

through a Social Determinants of Health (SDoH) framework, which defines

health in the broadest sense and recognizes numerous factors from

employment to housing to access to health care that have an impact on the

community's health. Social, educational, economic, and health data are

drawn from existing data sources such as the U.S. Census, Idaho Department

of Health and Welfare, and Idaho State Department of Education, among

others.

Collaborative Partners:

Boise State University

Intermountain Healthcare

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Steering Committee:

Blaine County School District

Wood River Hospice and Palliative Care

South Central Public Health District

Family Health Services

Blaine County Recreation District

Blaine County Prosecuting Attorney

The Crisis Hotline Idaho

Neighbors Helping Neighbors

Blaine County Commissioners Office

Men's Second Chance Living

Blaine County Charitable Foundation

The Wood River YMCA

The Advocates

Hailey City Council

The Senior Connection

St. Luke's Wood River Community Board

Wood River Fire and Rescue

Hailey Police

NAMI Wood River

The Hunger Coalition

Focus Group Hosts:

Blaine County School District Social Workers

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Men's Second Chance Living

The Wood River YMCA

Wood River Fire and Rescue

The Advocates

The Senior Connection

The Hunger Coalition

Community Leader Interview Participants:

Blaine County Charitable Fund

Hailey City Councilman

Blaine County Schools Superintendent

Wood River Hospice and Palliative Care

South Central Public Health

Family Health Services

Blaine County Recreation District

Blaine County Prosecuting Attorney

The Crisis Hotline Idaho

Neighbors Helping Neighbors

Blaine County Commissioner

<https://www.stlukesonline.org/about-st-lukes/supporting-the-community/commu>

nity-health-needs-assessments

St. Luke's Wood River Medical Center:

Part V, Section B, Line 6a: Intermountain Health System (Saltzer Health)

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

St. Luke's Wood River Medical Center:

Part V, Section B, Line 6b: Boise State University

St. Luke's Wood River Medical Center:

Part V, Section B, Line 11: St. Luke's Wood River Prioritized Community

**Health Needs**

In our 2023 Community Health Needs Assessment (CHNA), the following health needs received the highest score within each category, signifying the importance of addressing these needs to improve community health.

The following implementation plan illustrates the strategies St. Luke's, and its community partners are employing to address the most significant health needs identified in our 2023 Community Health Needs Assessment for the Wood River Area.

(1) Access to Health-Related Services (Including Language and Cultural Barriers)

Strategy 1: Address transportation barriers to care.

Strategy 2: Support mobile, telehealth and on-site health services.

Strategy 3: Support community health worker (CHW) models, resource navigation services and engagement with vulnerable populations.

(2) Mental Well-Being (Including Suicide and Substance Misuse)

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Strategy 1: Support awareness, education and skill building.

Strategy 2: Increase access to mental and behavioral health services.

Strategy 3: Identify, intervene and measure outcomes in populations.

(3) High Cost of Living (Including Housing, Caregiving, and Early Learning)

Strategy 1: Support households that are cost burdened (spend more than 30% of income on housing costs).

Strategy 2: Support families and individuals experiencing homelessness.

Strategy 3: Increase affordable housing options.

Strategy 4: Increase quality, affordable early learning and caregiving opportunities.

Strategy 5: Increase access to and utilization of health foods.

<https://www.stlukesonline.org/about-st-lukes/supporting-the-community/communitiy-health-needs-assessments>

St. Luke's Wood River Medical Center:

Part V, Section B, Line 13b: Financial Care: Eligible applicants will receive the following assistance:

1. Full Discount: The full amount for eligible services will be covered under the Financial Care Policy for any patient or guarantor whose income is at or below 200 percent of the federal poverty level.

2. Partial Discount: A sliding fee schedule will be used to determine the

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

amount eligible for financial care assistance for any uninsured or

underinsured patient or guarantor. For such applicants, assistance will be

provided based on a combination of household income and assets. Partial

discounts will be provided if the combination of income and assets is

greater than 200 percent but equal to or less than 400 percent of the FPL.

Assistance is granted only after all third-party reimbursement

possibilities available to the applicant have been exhausted.

3. Uninsured and underinsured individuals deemed medically indigent may

qualify for a highly discounted rate.

4. If the patient balance exceeds 30 percent of household income, patients

will qualify for a one-time reduction.

5. Assets for evaluation for services performed outside of a National

Health Service Corp. (NHSC) location may include, but are not limited to:

a. home equity;

b. IRAs, 403(b) accounts, 401k accounts, stocks/bonds;

c. savings/money market accounts; and

d. other investments (rental properties, etc.).

[www.stlukesonline.org/resources/before-your-visit/financial-care](http://www.stlukesonline.org/resources/before-your-visit/financial-care)

St. Luke's Wood River Medical Center

Part V, line 16a, FAP website:

[www.stlukesonline.org/resources/before-your-visit/financial-care](http://www.stlukesonline.org/resources/before-your-visit/financial-care)

St. Luke's Wood River Medical Center

Part V, line 16b, FAP Application website:

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[www.stlukesonline.org/resources/before-your-visit/financial-care](http://www.stlukesonline.org/resources/before-your-visit/financial-care)

St. Luke's Wood River Medical Center

Part V, line 16c, FAP Plain Language Summary website:

[www.stlukesonline.org/resources/before-your-visit/financial-care](http://www.stlukesonline.org/resources/before-your-visit/financial-care)

St. Luke's Wood River Medical Center:

Part V, Section B, Line 16j: A Financial Care application is provided to

the patient which contains Patient Financial Advocate contact information.



**Part VI** Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (for example, open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part I, Line 3c:

Please refer to the disclosure for Part V, Section B, Line 13b - which  
describes methods used to determine eligibility for financial assistance.

Part I, Line 7:

The cost to charge ratio was used to calculate the financial assistance  
provided to the community. Other Community benefits come from a data  
repository maintained by St. Luke's Employees that tracks community  
benefit costs and hours.

Part I, Line 7g:

Subsidized services represent unreimbursed costs incurred (excluding  
impact of unreimbursed Medicare and Medicaid) for the following services:

Hospital Outpatient Services

Behavioral

Women's and Children's

Emergency and Trauma Services

**Part VI** Supplemental Information (Continuation)

Part I, Line 6a:

St. Luke's Wood River Medical Center, Ltd. is not required under Idaho law to file a community benefit report, since its total licensed beds are less than the minimum 150 bed requirement threshold. (Wood River has 25 licensed beds.) Moreover, the activity of St. Luke's Wood River Medical Center, Ltd. is not included in the community benefit report within any of its related organizations within the St. Luke's Health System."

Part 1, Line 5a, Discounted Care:

Financial assistance is provided to any qualifying patients, regardless of budget.

Part 1, Line 7i

During the fiscal year 2024, St. Luke's administrated and dispensed the majority of community grants, cash, and in-kind donations at the system level. Those grants and donations were still awarded and continued to support health initiatives through all the communities we serve and were reported on form 990 for St. Luke's Health System.

Part II, Community Building Activities:

St. Luke's is an active participant in the community, and provides support to address public health issues, and works with coalitions to address local health needs. St. Luke's takes on initiatives as need arises such as food and nutrition security, housing stability, cost of living relief, mental health and well-being and access to care.

**Part VI** Supplemental Information (Continuation)

Part III, Line 2:

The Cost to Charge ratio method was used to calculate bad debt expense at cost.

Part III, Line 3:

St. Luke's has a very robust financial assistance program, therefore, no estimate is made for bad debt attributable to patients eligible under the financial assistance policy.

Part III, Line 4:

Per the audited financial statements in footnote three, St. Luke's grants credit without collateral to its patients, most of whom are local residents and many of whom are insured under third-party agreements. The allowance for estimated uncollectible amounts is determined by analyzing both historical information (write-offs by payor classification), as well as current economic conditions.

Part III, Line 8:

The source of the information is the Medicare Cost Report for fiscal year 2024. The amount is calculated by comparing the total Medicare apportioned costs (allowable costs) to payments (including IME and GME) received during FY'24.

St. Luke's provides medical care to all patients eligible for Medicare regardless of the shortfall and thereby relieves the Federal Government of the burden of paying the full cost of Medicare.

**Part VI** Supplemental Information (Continuation)

Part III, Line 9b:

All subsidiaries within the St. Luke's Health System have policies in place to provide financial assistance to those who meet established criteria and need assistance in paying for the amounts billed for their provided health care services. In addition, the collection policies and practices in place within the St. Luke's Health System provide guidance to patients on how to apply for this assistance. Collection of amounts due may be pursued in cases where the patient is unable to qualify for charity care or financial assistance and the patient has the financial resources to pay for the billed amounts.

Part VI, Line 2:

A Community Health Needs Assessment (CHNA) was conducted for the fiscal year ending 9/30/2023. Information related to the CHNA is shown in the responses to questions 3 and 7 of "Part V, Section B, Facility Policies and Practices".

A complete copy of the CHNA assessments for all of the hospitals operating within the St. Luke's Health System can be found at the following website:

<https://www.stlukesonline.org/about-st-lukes/supporting-the-community/community-health-needs-assessments>

Additional assessments of health care needs include St. Luke's Social Determinants of Health screenings being implemented in 2024, acute and ambulatory settings. External partners including United Way and the state Health and Welfare conduct surveys and assessments determining additional

**Part VI** Supplemental Information (Continuation)

needs at the county level. An annually updated resource is the online data platform, the Idaho Oregon Community Health Atlas that reflects needs at the census tract level across the St. Luke's geography.

Part VI, Line 3:

(A) St. Luke's provides notice of the availability of financial assistance via:

1. Signage
2. Patient brochure
3. Billing Statement
4. Written collection action letter
5. Online at [www.stlukesonline.org/billing](http://www.stlukesonline.org/billing)

(B) Financial assistance policy is translated into the following language:  
Spanish

(C) St. Luke's provides individual notice of the availability of financial assistance to a patient expected to incur charges that may not be paid in full by third party coverage, along with an estimate of the patient's liability.

(D) For cases in which St. Luke's independently determines patient eligibility for financial assistance, St. Luke's provides written notice of determination that the patient is or is not eligible within 10 business days of receiving a completed application and the required supporting documentation.

**Part VI** Supplemental Information (Continuation)

<https://www.stlukesonline.org/resources/before-your-visit/financial-care>

Part VI, Line 4:

The population in Idaho increased from 2010-2020 by 17.3%. Idaho had the highest percentage of population growth in the nation in 2022. In a 2021 statewide survey, Idahoans were asked: Would you say that the state of Idaho is growing too fast, too slow, or about right? Over 70% of participants responded with growth being too fast. During this same period the Wood River Valley grew by 17.5%. Much of this growth occurred in the towns of Ketchum and Hailey. CHNA respondents feel they have maintained a friendly and caring community despite the growth. Negative impacts of growth include rising housing costs, decreased availability of housing stock, wages not keeping up with cost of living, increased substance misuse, and increased need for mental health care services.

In November 2000, St. Luke's Wood River Medical Center opened its doors to serve the health care needs of people living in the greater Blaine County area. During the design process, special care was taken to ensure a facility that would complement the surrounding terrain, with the hospital's exterior and interior reflecting the beauty of Idaho's world-renowned Sun Valley area. To best accommodate the needs of the people in this region, the hospital site was located immediately off Highway 75.

Services at Wood River Medical Center include a 24-hour emergency department, inpatient and outpatient surgery, diagnostics, maternity services, physical and occupational therapy, mammography, orthopedics, infusion services, and medical/surgical units. St. Luke's Center for

**Part VI** Supplemental Information (Continuation)

Community Health's main office can be found in the Hailey Medical Clinic,  
in the neighboring town.

Known for our clinical excellence, St. Luke's Wood River has been  
nationally recognized for quality and patient safety. This fall, Press  
Ganey announced that St. Luke's Wood River Emergency Department and  
Inpatient Care Unit were named as a 2021 Guardian of Excellence Award  
winner. The Guardian of Excellence Award recognizes top-performing health  
care organizations that have achieved the 95th percentile or above of  
performance in patient experience.

St. Luke's Wood River is fortunate to have over 50 physicians on the  
medical staff, and a dedicated governing board comprised of independent  
civic leaders who volunteer their time to serve.

Idaho is home to a majority white population. Compared to the state  
average, the Wood River Valley has a higher percentage of Hispanic/Latino  
residents. CHNA respondents identified Hispanic/ Latino, non-native  
English speaking, immigrant, and refugee populations as being most at-risk  
of missing needed services. Those representing these groups reported  
barriers to service including lack of translation and interpretation  
services. In recent years there has been greater representation of Latinos  
in public spheres advocating on behalf of the community and the county  
recognizing the presence of Latinos in the community.

The population in Idaho from 2010-2020 increased by 17.3%. Counties  
experiencing outsized growth include Ada County increasing by 26.1%,  
Canyon County by 22.3%, and Valley County by 19.1%. Idaho had the highest

**Part VI** Supplemental Information (Continuation)

percentage of population growth in the nation in 2022.

The Federal poverty level (FPL) is a measure of income issued annually by the Department of Health and Human Services used to determine eligibility for programs and benefits. Although the FPL is used to measure a resident's ability to financially meet basic needs, it is not an exclusive measure of financial struggle. The FPL is also calculated for the entire 48 contiguous states grouped together and it cannot account for variation across states, counties, or cities. This means that a region, such as the Wood River, may have a much different cost of living than the national average the FPL was based on. In Blaine County, many low-income households fall above the FPL and still struggle to meet expenses.

Household incomes in Blaine County have risen over the past few years, despite a dip in 2018 and 2019. Except at a short point during this dip, Blaine County has consistently had higher wages than the state average. However, this difference is tempered by higher living costs in Blaine County. This means that wage increases may not lead to increased financial stability for households that are facing difficult-to-meet costs.

<https://www.stlukesonline.org/about-st-lukes/supporting-the-community/commu>  
nity-health-needs-assessments

Part VI, Line 5:

The people who serve on the various boards for subsidiaries within the St. Luke's Health System are local citizens who have a vested interest in the health of their communities. St. Luke's believes that locally owned and governed hospitals take the best measure of community health care needs.

**Part VI** Supplemental Information (Continuation)

The committed leaders who volunteer on our boards do so because they are dedicated to ensuring that the people of southern Idaho and the surrounding area have access to the most advanced, most comprehensive health care possible. We are grateful to our board leadership for giving generously their time and talents and bringing to the table their unique perspectives and intimate knowledge of their communities. The vision of dedicated community leaders has guided St. Luke's for many decades, and will continue to guide us well into the future.

St. Luke's supports the training of rising young physicians, nurses, specialists and allied health professions through preceptors, scholarships, partnerships with local colleges and universities. The same institutions are research partners committed to advancing care across the region. St. Luke's commitment to specialties such as cancer, cardiology, children's, neurology and orthopedics allow patients the ability to stay in their home state, closer to home to receive a higher level of care.

As a not-for-profit organization, 100% of St. Luke's revenue after expenses is reinvested in the organization to serve the community in the form of staff, buildings, or new technology as well as supporting local nonprofits that provide services and expertise outside of our care. Examples include funding federally qualified health centers serving low income and vulnerable populations; providing education and outreach focused on prevention practices and funding organizations that address one or more of the significant health needs identified by data and insights.

Also, St. Luke's Wood River Medical Center, Ltd. maintains an open medical staff. Any physician can apply for practicing privileges as long as they

**Part VI** Supplemental Information (Continuation)

meet the standards for St. Luke's Wood River Medical Center, Ltd.

Part VI, Line 6:

As the only Idaho-based not-for-profit health system, St. Luke's Health System is part of the communities we serve, with local physicians and boards who further our organization's mission "To improve the health of people in the communities we serve." Working together, we share resources, skills, and knowledge to provide the best possible care, no matter which of our hospitals provide that care. Each St. Luke's Health System hospital is nationally recognized for excellence in patient care, with prestigious awards and designations reflecting the exceptional care that is synonymous with the St. Luke's name.

St. Luke's Health System provides facilities and services across the region, covering a 150-mile radius that encompasses southern and central Idaho, northern Nevada, and eastern Oregon-bringing care close to home and family. The following entities are part of the St. Luke's Health System:

(1) St. Luke's Regional Medical Center, Ltd. with the following locations:

--St. Luke's Boise Hospital

--St. Luke's Meridian Hospital

--St. Luke's Children's Hospital

--St. Luke's Boise/Meridian/Caldwell/Fruitland Physician Clinics

--St. Luke's Eagle Urgent Care

--St. Luke's Elmore Hospital with physician clinic

--St. Luke's Fruitland Emergency Department/Urgent Care

**Part VI** Supplemental Information (Continuation)

(2) St. Luke's Wood River Medical Center, Ltd. which consists of a  
critical access hospital located in Ketchum, Idaho as well as various  
physician clinics

(3) St. Luke's Magic Valley Regional Medical Center, Ltd. which consists  
of the following:

--St. Luke's Magic Valley Hospital-Twin Falls, Idaho

--Various St. Luke's Physician Clinics in Twin Falls

--Canyon View-(Behavioral Health)

--St. Luke's Jerome Hospital-Jerome, Idaho

--Various Physician clinics in Jerome

(4) St. Luke's McCall, Ltd. which consists of a critical access hospital  
located in McCall, Idaho as well as various physician clinics.

(5) St. Luke's Nampa Medical Center, Ltd. which consists of a critical  
access hospital located in Nampa, Idaho as well as various physician  
clinics.

St. Luke's physician clinics and services are provided in partnership with  
area physicians and other health care professionals. These include:  
Cardiovascular; Child Abuse and Neglect Evaluation; Endocrinology; Ear,  
Nose, and Throat; Family Medicine; Gastroenterology; General Surgery;  
Hypertensive Disease; Internal Medicine; Maternal/Fetal Medicine; Medical  
Imaging; Metabolic and Bariatric Surgery; Nephrology; Neurology;  
Neurosurgery; Obstetrics/Gynecology; Occupational Medicine; Orthopedics;  
Outpatient Rehabilitation; Plastic Surgery; Psychiatry and Addiction;  
Pulmonary Medicine; Sleep Disorders; and Urology.

**Part VI** Supplemental Information (Continuation)

In addition, St. Luke's works with other regional facilities, including  
Weiser Memorial Hospital and Salmon River Clinic, through a combination of  
management and other contracts for select specified services.

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization St. Luke's Wood River Medical Center,  
Ltd.

Employer identification number  
84-1421665

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government                    | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance                                                     |
|-------------------------------------------------------------------------|------------|---------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------|
| St. Lukes Wood River Foundation, Inc. - PO Box 7005 - Ketchum, ID 83340 | 23-7288535 | 501(c)(3)                       | 769,264.                 | 0.                               |                                                       |                                       | Provide Support For Overall Operational Needs Of St. Lukes Wood River Foundation, Inc. |
|                                                                         |            |                                 |                          |                                  |                                                       |                                       |                                                                                        |
|                                                                         |            |                                 |                          |                                  |                                                       |                                       |                                                                                        |
|                                                                         |            |                                 |                          |                                  |                                                       |                                       |                                                                                        |
|                                                                         |            |                                 |                          |                                  |                                                       |                                       |                                                                                        |
|                                                                         |            |                                 |                          |                                  |                                                       |                                       |                                                                                        |
|                                                                         |            |                                 |                          |                                  |                                                       |                                       |                                                                                        |
|                                                                         |            |                                 |                          |                                  |                                                       |                                       |                                                                                        |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1.
- 3 Enter total number of other organizations listed in the line 1 table 0.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|---------------------------------------|
|                                 |                          |                          |                                   |                                                       |                                       |
|                                 |                          |                          |                                   |                                                       |                                       |
|                                 |                          |                          |                                   |                                                       |                                       |
|                                 |                          |                          |                                   |                                                       |                                       |
|                                 |                          |                          |                                   |                                                       |                                       |

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

The organization endeavors to monitor its grants to ensure that such grants  
are used for proper purposes and not otherwise diverted from their intended  
use. This is accomplished by requesting recipient organizations to affirm  
that funds must be used solely in accordance with the grant request and  
budget on which the grant was based and that funds not expended for the  
stated purpose are to be returned to the organization. Reports are  
requested from time to time as deemed appropriate.

**Part IV** Supplemental Information

Sch. I Part I

During the fiscal year 2024 the Health System administered and  
dispensed community grants into one department which is aligned under  
SLHS. The grants were awarded and continued to support health  
initiatives through all the communities we serve.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization St. Luke's Wood River Medical Center,  
Ltd.

Employer identification number  
84-1421665

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |                                                                    |                                                                            |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |                                                              |                                                                          |
|--------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

**c** Participate in or receive payment from an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2023

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title                                          |      | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|-------------------------------------------------------------|------|--------------------------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                                             |      | (i) Base compensation                                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| (1) Chris Roth<br>President & System CEO                    | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
|                                                             | (ii) | 1,651,797.                                                         | 0.                                  | 203,804.                            | 29,892.                                        | 30,846.                 | 1,916,339.                      | 0.                                                                    |
| (2) Christine Neuhoﬀ<br>SVP/Chief Legal Officer/Secretary   | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
|                                                             | (ii) | 685,467.                                                           | 0.                                  | 158,765.                            | 24,894.                                        | 23,324.                 | 892,450.                        | 0.                                                                    |
| (3) Sandee Moore Gehrke<br>Hospital Chief Executive Officer | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
|                                                             | (ii) | 748,734.                                                           | 0.                                  | 89,511.                             | 19,896.                                        | 29,803.                 | 887,944.                        | 0.                                                                    |
| (4) Garrett Coman, MD<br>Physician                          | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
|                                                             | (ii) | 583,951.                                                           | 180,835.                            | 45,486.                             | 14,898.                                        | 8,864.                  | 834,034.                        | 0.                                                                    |
| (5) Kathryn Fowler<br>SVP/CFO/Treasurer                     | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
|                                                             | (ii) | 717,564.                                                           | 0.                                  | 51,180.                             | 19,896.                                        | 5,657.                  | 794,297.                        | 0.                                                                    |
| (6) Matthew Kopplin, MD<br>Physician                        | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
|                                                             | (ii) | 577,394.                                                           | 112,045.                            | 30,857.                             | 19,896.                                        | 28,400.                 | 768,592.                        | 0.                                                                    |
| (7) Matthew Reeck, MD<br>Physician                          | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
|                                                             | (ii) | 273,919.                                                           | 310,995.                            | 31,242.                             | 24,894.                                        | 21,623.                 | 662,673.                        | 0.                                                                    |
| (8) Michael Fenello<br>VP, Population Health                | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
|                                                             | (ii) | 477,880.                                                           | 14,316.                             | 78,236.                             | 24,894.                                        | 22,294.                 | 617,620.                        | 0.                                                                    |
| (9) Derek Ipsen, DO<br>Physician                            | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
|                                                             | (ii) | 560,000.                                                           | 0.                                  | 31,242.                             | 10,694.                                        | 258.                    | 602,194.                        | 0.                                                                    |
| (10) Alison Kinsler, MD<br>Physician                        | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
|                                                             | (ii) | 337,188.                                                           | 173,618.                            | 37,105.                             | 19,309.                                        | 7,339.                  | 574,559.                        | 0.                                                                    |
| (11) David C. Pate, MD, JD<br>Former CEO & President        | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
|                                                             | (ii) | 0.                                                                 | 0.                                  | 154,684.                            | 0.                                             | 0.                      | 154,684.                        | 154,684.                                                              |
| (12) Jeffrey S. Taylor<br>Former SVP/CFO/Treasurer          | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
|                                                             | (ii) | 0.                                                                 | 0.                                  | 110,504.                            | 0.                                             | 0.                      | 110,504.                        | 60,871.                                                               |
|                                                             | (i)  |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                             | (ii) |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                             | (i)  |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                             | (ii) |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                             | (i)  |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                             | (ii) |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                             | (i)  |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                             | (ii) |                                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 3:

Compensation for the organization's CEO is determined by St. Luke's Health

System, Ltd. (System), sole member of St. Luke's Wood River Medical Center,

Ltd.. The System board approves the compensation amount per the

recommendation of its compensation committee.

In determining compensation for the CEO, the System board utilizes the

following:

Compensation Committee

Independent compensation consultant

Compensation survey or study

Approval by the board or compensation committee

Part I, Line 4b:

During CY2023, the following individuals participated in a supplemental

non-qualified executive retirement plan governed by 457(f):

Chris Roth received \$141,114 of taxable benefits for service in a

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

supplemental retirement plan.

Christine Neuhoﬀ received \$96,844 of taxable benefits for service in a

supplemental retirement plan.

Sandee Moore Gehrke received \$38,938 of taxable benefits for service in a

supplemental retirement plan.

Michael Fenello received \$17,610 of taxable benefits for service in a

supplemental retirement plan.

David C. Pate received \$154,684 of taxable and \$372,053 of non-taxable

benefits for service in a supplemental retirement plan.

Jeffrey S. Taylor received \$83,974 of taxable and \$60,871 of non-taxable

benefits for service in a supplemental retirement plan.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](https://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

|                          |                                               |                                              |
|--------------------------|-----------------------------------------------|----------------------------------------------|
| Name of the organization | St. Luke's Wood River Medical Center,<br>Ltd. | Employer identification number<br>84-1421665 |
|--------------------------|-----------------------------------------------|----------------------------------------------|

Form 990, Part III, Line 4a, Program Service Accomplishments:

feet. Primary and specialty care providers coordinate patient care in

local clinics; St. Luke's physicians are part of a network of more than

150 providers specializing in dermatology, family medicine, internal

medicine, neurology, OB/GYN, pediatrics, orthopedics and urology.

During fiscal year 2024, St. Luke's Wood River Medical Center provided

qualified inpatient care for 974 admissions and patient care associated

with 121,200 outpatient visits.

Form 990, Part III, Line 4c, Program Service Accomplishments:

Testing) and sports medicine. Services include ergonomic evaluations,

modified barium swallow testing and access to AlterG Anti-Gravity

Treadmill technology to expedite recovery time after surgery, injury

and/or other mobility impairment. Speech and articulation and mobility

and balance classes serve patients with Parkinson's disease.

Comprehensive diagnosis and treatment for people ages 12 and older who

need neurological care are offered at the Hailey clinic location;

specialties here include disorders of the nervous system, including

brain, spinal cord, nerves, and muscles, along with the treatment and

management of epilepsy, stroke, sleep disorders, multiple sclerosis,

Parkinson's disease and other neurological conditions.

Form 990, Part III, Line 4d, Other Program Services:

Other services include pharmacy, inpatient rehabilitation, emergency

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

|                          |                                               |                                |            |
|--------------------------|-----------------------------------------------|--------------------------------|------------|
| Name of the organization | St. Luke's Wood River Medical Center,<br>Ltd. | Employer identification number | 84-1421665 |
|--------------------------|-----------------------------------------------|--------------------------------|------------|

services, lab services, women's, heart, behavioral health, acute,  
telehealth, oncology and children's.

Expenses \$ 36,854,009. incl grants of \$ 769,264. Revenue \$ 52,864,782.

Form 990, Part VI, Section A, line 2:

Andy Scoggin has a business relationship with Dan Krahn.

Form 990, Part VI, Section A, line 6:

St. Luke's Health System, Ltd. is the sole member of St. Luke's Wood River  
Medical Center, Ltd.

Form 990, Part VI, Section A, line 7a:

St. Luke's Wood River Medical Center, Ltd. (Corporation) and St. Luke's  
Health System, Ltd. (Member) cooperatively select and employ the CEO of the  
Corporation. St. Luke's Health system, Ltd. is the sole member of the  
Corporation.

Form 990, Part VI, Section A, line 7b:

St. Luke's Health System, Ltd. (Member) maintains approval and  
implementation authority over St. Luke's Wood River Medical Center, Ltd.  
(Corporation).

Actions requiring approval authority may be initiated by either the  
Corporation or its Member, but must be approved by both the Corporation (by  
action of its Board of Directors) and the Member. Actions requiring approval  
authority of the Member include:

(a) Amendment to the Articles of Incorporation;

|                          |                                               |                                              |
|--------------------------|-----------------------------------------------|----------------------------------------------|
| Name of the organization | St. Luke's Wood River Medical Center,<br>Ltd. | Employer identification number<br>84-1421665 |
|--------------------------|-----------------------------------------------|----------------------------------------------|

(b) Amendment to the Bylaws of the Corporation;

(c) Appointment of members of the Corporation's Board of Directors, other  
than ex officio directors;

(d) Removal of an individual from the Corporation's Board of Directors if  
and when removal is requested by the Corporation's Board of Directors,  
which request may only be made if the Director is failing to meet the  
reasonable expectations for service on the Corporation's Board of  
Directors that are established by the Member and are uniform for the  
Corporation and for all of the other hospitals for which the Member then  
serves as the sole corporate member.

(e) Approval of operating and capital budgets of the Corporation, and  
deviations to an approved budget over the amounts established from time to  
time by the Member; and

(f) Approval of the strategic/tactical plans and goals and objectives of  
the Corporation.

Implementation Authority means those actions which the Member may take  
without the approval or recommendation of the Corporation. This authority  
will not be utilized until there has been appropriate communication between  
the Member and the Corporation's Board of Directors and its Chief Executive  
Officer. Actions requiring implementation authority include:

(a) Changes to the Statements of mission, philosophy, and values of the

|                          |                                               |                                |            |
|--------------------------|-----------------------------------------------|--------------------------------|------------|
| Name of the organization | St. Luke's Wood River Medical Center,<br>Ltd. | Employer identification number | 84-1421665 |
|--------------------------|-----------------------------------------------|--------------------------------|------------|

Corporation;

(b) Removal of an individual from the Corporation's Board of Directors if  
and when the Member determines in good faith that the Director is failing  
to meet the Approved Board of Member Expectations. This authority to remove  
Directors shall not be used merely because there is a difference in  
business judgment between the Director and the Corporation or the Member,  
and shall never be used to remove one or more Directors from the  
Corporation's Board of Directors in order to change a decision made by the  
Corporation's Board of Directors;

(c) Employment and termination of the Chief Executive Officer of the  
Corporation;

(d) Appointment of the auditor for the Corporation and the coordination of  
the Corporation's annual audit;

(e) Sales, lease, exchange, mortgage, pledge, creation of a security  
interest in or other disposition of real or personal property of the  
Corporation if such property has a fair market value in excess of a limit  
set from time to time by the Member and that is not otherwise contained in  
an Approved Budget;

(f) Sale, merger, consolidation, change of membership, sale of all or  
substantially all of the assets of the corporation, or closure of any  
facility operated by the Corporation;

(g) The dissolution of the Corporation;

|                          |                                               |                                              |
|--------------------------|-----------------------------------------------|----------------------------------------------|
| Name of the organization | St. Luke's Wood River Medical Center,<br>Ltd. | Employer identification number<br>84-1421665 |
|--------------------------|-----------------------------------------------|----------------------------------------------|

(h) Incurrence of debt by or for the Corporation in accordance with requirements established from time to time by the Member and that is not otherwise contained in an Approved Budget; and

(i) Authority to establish policies to promote and develop an integrated, cohesive health care delivery system across all corporations for which the Member serves as the corporate member.

Form 990, Part VI, Section B, line 11b:

The Form 990 is reviewed by an independent public accounting firm based on audited financial statements of the St. Luke's Health System and with the assistance of the organization's finance and accounting staff. A complete copy of the Form 990 is made available to the Board of Directors prior to filing.

Form 990 Part V, Line 1 & 2

Accounts payable and payroll process are consolidated at the supporting organization level (St. Luke's Health System, Ltd). Therefore, corresponding reporting for 1099's and W-2's occurs at that level.

Form 990, Part VI, Section B, Line 12c:

The organization annually reviews the conflict of interest policy with each board member and also with new board members. Persons covered under the policy include officers, directors, senior executives, non-director members of Board committees, and others as identified by a senior executive. At all levels the board is responsible for assessing, reviewing, and resolving any

|                          |                                               |                                |            |
|--------------------------|-----------------------------------------------|--------------------------------|------------|
| Name of the organization | St. Luke's Wood River Medical Center,<br>Ltd. | Employer identification number | 84-1421665 |
|--------------------------|-----------------------------------------------|--------------------------------|------------|

conflicts of interest that have been disclosed by a covered person, or a

conflict of interest disclosed by a covered person with respect to a

covered person other than himself/herself. Where a conflict exists, the

affected parties must recuse themselves from participating in any

discussion and/or vote related to the conflict.

Form 990, Part VI, Section B, Line 15:

Executive compensation is set by St. Luke's Boards of Directors and is

reviewed annually. Compensation levels are based on an independent analysis

of comparable pay packages offered at similar institutions across the

country, with the goal of placing executives in the 50th percentile in

aggregate of those surveyed. These surveys are usually done annually.

St. Luke's Health System is committed to providing the highest quality

medical care to all people regardless of their ability to pay. To keep that

commitment, St. Luke's puts a great deal of time and effort into recruiting

and retaining the top physicians in a variety of medical fields. Our

relationships with physicians range from having privileges at the hospital

to full employment.

For those physicians who choose to be employed, St. Luke's must offer

competitive pay and benefits.

Physician compensation is based on a range of criteria and can be

influenced by a number of variables including:

-Community need for medical specialty

-Experience

|                          |                                               |                                              |
|--------------------------|-----------------------------------------------|----------------------------------------------|
| Name of the organization | St. Luke's Wood River Medical Center,<br>Ltd. | Employer identification number<br>84-1421665 |
|--------------------------|-----------------------------------------------|----------------------------------------------|

-Productivity

-Geography

-National surveys adjusted for local conditions

-Willingness to serve regardless of patients' ability to pay

-Duration of relationship and contractual terms

-Performance on quality metrics

To ensure physician compensation and benefits remain within industry

standards and legal requirements for not-for-profit institutions, St.

Luke's has a Physician Arrangements policy that specifies circumstances

requiring a third-party valuation and also periodically uses third-party

consulting firms to review St. Luke's physician compensation arrangements.

Given the growing national shortage of physicians, recruiting and retaining

physicians is more critical than ever to guarantee that people seeking care

at St. Luke's will continue to have access to the physicians and

specialists they need regardless of their insurance status or insurance

provider.

Form 990, Part VI, Section C, Line 19:

The organization's governing documents, conflict of interest policy, and

financial statements are not available to the public. Form 990 is available

for public inspection on our website, which contains financial information.

Form 990 Part VII Section A

Allocation of Compensation and Hours:

It should be noted that the hours reported for the directors (employed

|                          |                                               |                                |            |
|--------------------------|-----------------------------------------------|--------------------------------|------------|
| Name of the organization | St. Luke's Wood River Medical Center,<br>Ltd. | Employer identification number | 84-1421665 |
|--------------------------|-----------------------------------------------|--------------------------------|------------|

by St. Luke's), officers, key employees, and highest-paid employees are

based on a minimum 40-hour work week. However, due to the demands of

their roles within the St. Luke's Health System, the hours worked by

these individuals often exceed the minimum required 40 hours.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

|                          |                                               |                                |            |
|--------------------------|-----------------------------------------------|--------------------------------|------------|
| Name of the organization | St. Luke's Wood River Medical Center,<br>Ltd. | Employer identification number | 84-1421665 |
|--------------------------|-----------------------------------------------|--------------------------------|------------|

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity             | (b)<br>Primary activity   | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity           |
|------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------|---------------------|---------------------------|-----------------------------------------------|
| St. Luke's Clinic-Wood River, LLC -<br>45-2715973, 190 E. Bannock, Boise, ID 83712 | Physician Clinic Services | Idaho                                               | 14,783,822.         | 929,622.                  | St. Luke's Wood River<br>Medical Center, Ltd. |
|                                                                                    |                           |                                                     |                     |                           |                                               |
|                                                                                    |                           |                                                     |                     |                           |                                               |
|                                                                                    |                           |                                                     |                     |                           |                                               |
|                                                                                    |                           |                                                     |                     |                           |                                               |
|                                                                                    |                           |                                                     |                     |                           |                                               |
|                                                                                    |                           |                                                     |                     |                           |                                               |
|                                                                                    |                           |                                                     |                     |                           |                                               |
|                                                                                    |                           |                                                     |                     |                           |                                               |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN<br>of related organization                                                  | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|-----------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------|-------------------------------|-----------------------------------------------------------|-------------------------------------|----------------------------------------------------|----|
|                                                                                                           |                         |                                                     |                               |                                                           |                                     | Yes                                                | No |
| St. Luke's Health Foundation, Ltd. -<br>81-0600973, 190 E. Bannock, Boise, ID 83712                       | Fundraising             | Idaho                                               | 501(c)(3)                     | 7                                                         | St. Luke's Health<br>System, Ltd.   |                                                    | X  |
| St. Luke's Health System, Ltd. - 56-2570681<br>190 E. Bannock<br>Boise, ID 83712                          | Supporting Organization | Idaho                                               | 501(c)(3)                     | 12C, III-FI                                               | N/A                                 |                                                    | X  |
| St. Luke's Magic Valley Regional Medical<br>Center, Ltd. - 56-2570686, 190 E. Bannock,<br>Boise, ID 83712 | Healthcare Services     | Idaho                                               | 501(c)(3)                     | 3                                                         | St. Luke's Health<br>System, Ltd.   |                                                    | X  |
| St. Luke's McCall, Ltd. - 27-3311774<br>190 E. Bannock<br>Boise, ID 83712                                 | Healthcare Services     | Idaho                                               | 501(c)(3)                     | 3                                                         | St. Luke's Health<br>System, Ltd.   |                                                    | X  |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2023



**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a)<br>Name, address, and EIN<br>of related organization                                     | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|----------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|-----------------------------------------|----|-------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                                                              |                         |                                                              |                                     |                                                                                                   |                                 |                                          | Yes                                     | No |                                                                         | Yes                                       | No |                                |
| Broadway Park Holdings LLC -<br>82-3709613, 4904 N.<br>Mountainside Lane, Boise, ID<br>83702 | RENTAL REAL<br>ESTATE   | ID                                                           | N/A                                 | N/A                                                                                               | N/A                             | N/A                                      |                                         | X  | N/A                                                                     |                                           | X  | N/A                            |
|                                                                                              |                         |                                                              |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
|                                                                                              |                         |                                                              |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
|                                                                                              |                         |                                                              |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
|                                                                                              |                         |                                                              |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
|                                                                                              |                         |                                                              |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
|                                                                                              |                         |                                                              |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
|                                                                                              |                         |                                                              |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
|                                                                                              |                         |                                                              |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
|                                                                                              |                         |                                                              |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
|                                                                                              |                         |                                                              |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
|                                                                                              |                         |                                                              |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
|                                                                                              |                         |                                                              |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
|                                                                                              |                         |                                                              |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
|                                                                                              |                         |                                                              |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN<br>of related organization                                     | (b)<br>Primary activity      | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|----------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|------------------------------------------|--------------------------------|-------------------------------------------------------|----|
|                                                                                              |                              |                                                           |                                     |                                                        |                                 |                                          |                                | Yes                                                   | No |
| Select Medical Network of Idaho, Inc. -<br>81-0594024, P.O. Box 1990, Boise, ID 83701        | Provider Network             | ID                                                        | N/A                                 | C CORP                                                 | N/A                             | N/A                                      | N/A                            |                                                       | X  |
| St. Luke's Health Plan, Inc. - 87-4765682<br>800 E Park Blvd<br>Boise, ID 83712              | Health Insurance<br>Provider | ID                                                        | N/A                                 | C CORP                                                 | N/A                             | N/A                                      | N/A                            |                                                       | X  |
| Sequoyah Assurance Ltd. - 98-1631863<br>P.O. 1051<br>, Grand Cayman, CAYMAN ISLANDS KY1-1102 | Captive Insurance            | Cayman<br>Islands                                         | N/A                                 | C CORP                                                 | N/A                             | N/A                                      | N/A                            |                                                       | X  |
| Anderson Plaza Medical Building, Inc. -<br>82-0448741, 190 E Bannock St, Boise, ID<br>83702  | Medical Offices              | ID                                                        | N/A                                 | C CORP                                                 | N/A                             | N/A                                      | N/A                            |                                                       | X  |
| St. Luke's Office Plaza - 82-0389626<br>190 E Bannock St<br>Boise, ID 83702                  | Medical Offices              | ID                                                        | N/A                                 | C CORP                                                 | N/A                             | N/A                                      | N/A                            |                                                       | X  |

[illegible]

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|                                                                                                                                                              | Yes       | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....                                               | <b>1a</b> | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....                                                                               | <b>1b</b> | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....                                                                             | <b>1c</b> | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....                                                                                    | <b>1d</b> | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) .....                                                                                           | <b>1e</b> | X  |
| <b>f</b> Dividends from related organization(s) .....                                                                                                        | <b>1f</b> | X  |
| <b>g</b> Sale of assets to related organization(s) .....                                                                                                     | <b>1g</b> | X  |
| <b>h</b> Purchase of assets from related organization(s) .....                                                                                               | <b>1h</b> | X  |
| <b>i</b> Exchange of assets with related organization(s) .....                                                                                               | <b>1i</b> | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....                                                                    | <b>1j</b> | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....                                                                  | <b>1k</b> | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....                                                | <b>1l</b> | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....                                                 | <b>1m</b> | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....                                                 | <b>1n</b> | X  |
| <b>o</b> Sharing of paid employees with related organization(s) .....                                                                                        | <b>1o</b> | X  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....                                                                                    | <b>1p</b> | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....                                                                                    | <b>1q</b> | X  |
| <b>r</b> Other transfer of cash or property to related organization(s) .....                                                                                 | <b>1r</b> | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) .....                                                                               | <b>1s</b> | X  |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|----------------------------------------------|
| (1)                                 |                                  |                        |                                              |
| (2)                                 |                                  |                        |                                              |
| (3)                                 |                                  |                        |                                              |
| (4)                                 |                                  |                        |                                              |
| (5)                                 |                                  |                        |                                              |
| (6)                                 |                                  |                        |                                              |

## Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Part IV, Identification of Related Organizations Taxable as Corp or Trust:

Name of Related Organization:

Sequoyah Assurance Ltd.

Direct Controlling Entity: St. Luke's Regional Medical Center, Ltd.

Name of Related Organization:

Anderson Plaza Medical Building, Inc.

Direct Controlling Entity: St. Luke's Regional Medical Center, Ltd.

Name of Related Organization:

St. Luke's Office Plaza

Direct Controlling Entity: St. Luke's Regional Medical Center, Ltd.

Name of Related Organization:

St. Luke's Elmore Medical Building, Inc.

Direct Controlling Entity: St. Luke's Regional Medical Center, Ltd.

Name of Related Organization:

Kekoa Grove, Inc.

Direct Controlling Entity: St. Luke's Regional Medical Center, Ltd.

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

**File a separate application for each return.**  
**Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

|                                                                                            |                                                                                                                           |                                                        |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>Type or Print</b><br><br>File by the due date for filing your return. See instructions. | Name of exempt organization, employer, or other filer, see instructions.<br>St. Luke's Wood River Medical Center,<br>Ltd. | Taxpayer identification number (TIN)<br><br>84-1421665 |
|                                                                                            | Number, street, and room or suite no. If a P.O. box, see instructions.<br>190 E. Bannock                                  |                                                        |
|                                                                                            | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br>Boise, ID 83712               |                                                        |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

| Application Is For                       | Return Code | Application Is For                | Return Code |
|------------------------------------------|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 4720 (other than individual) | 09          |
| Form 4720 (individual)                   | 03          | Form 5227                         | 10          |
| Form 990-PF                              | 04          | Form 6069                         | 11          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 8870                         | 12          |
| Form 990-T (trust other than above)      | 06          | Form 5330 (individual)            | 13          |
| Form 990-T (corporation)                 | 07          | Form 5330 (other than individual) | 14          |
| Form 1041-A                              | 08          |                                   |             |

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
Plan Number \_\_\_\_\_  
Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of Jared Grant  
190 E Bannock - Boise, ID 83712

Telephone No. (208) 381-2222 Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until August 15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
☐ calendar year 20 \_\_\_\_ or  
☒ tax year beginning OCT 1, 20 23, and ending SEP 30, 20 24

**2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

|                                                                                                                                                                                               |           |    |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                           | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2024)

# St. Luke's Health System, Ltd. and Subsidiaries

Consolidated Financial Statements as of and for the  
Years Ended September 30, 2024 and 2023, and  
Independent Auditor's Report

# St. LUKE'S HEALTH SYSTEM, LTD. AND SUBSIDIARIES

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## **INDEPENDENT AUDITOR'S REPORT**

To the Board of Directors of,  
St. Luke's Health System, Ltd.  
Boise, Idaho

### **Opinion**

We have audited the consolidated financial statements of St. Luke's Health System, Ltd. and subsidiaries (the "Health System"), which comprise the consolidated balance sheets as of September 30, 2024 and September 30, 2023, and the related consolidated statements of operations and changes in net assets, and of cash flows for the years then ended, and the related notes to the consolidated financial statements (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Health System as of September 30, 2024 and September 30, 2023, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Health System and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health System's ability to continue as a going concern for one year after the date that the financial statements are issued.

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

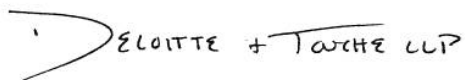
In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health System's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health System's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

#### **Disclaimer of Opinion on Charity Care Schedule**

The charity care schedule summarized in Note 1, which is the responsibility of the Health System's management, is not a required part of the basic financial statements, and we did not audit or apply limited procedures to such information and we do not express any assurances on such information.

A handwritten signature in black ink, appearing to read "DELOITTE + TOUCHE LLP", with a large, stylized flourish to the left.

December 12, 2024

**St. Luke's Health System, Ltd. and Subsidiaries**

**Consolidated Balance Sheets**  
**As of September 30, 2024 and 2023**  
**(In thousands)**

|                                                                 | <b>2024</b>         | <b>2023</b>         |
|-----------------------------------------------------------------|---------------------|---------------------|
| <b>Assets</b>                                                   |                     |                     |
| Current assets                                                  |                     |                     |
| Cash and cash equivalents                                       | \$ 159,696          | \$ 75,245           |
| Receivables—net                                                 | 589,105             | 527,717             |
| Inventories                                                     | 61,044              | 54,108              |
| Prepaid expenses                                                | 44,860              | 43,815              |
| Current portion of assets whose use is limited                  | 72,842              | 64,842              |
| Assets held for sale                                            | -                   | 4,676               |
| <b>Total current assets</b>                                     | 927,547             | 770,403             |
| Assets whose use is limited                                     | 1,357,887           | 1,286,897           |
| Property, plant, and equipment—net                              | 1,500,044           | 1,371,876           |
| Operating lease right-of-use assets                             | 113,476             | 115,331             |
| Other assets                                                    | 58,873              | 69,883              |
| <b>Total assets</b>                                             | <u>\$ 3,957,827</u> | <u>\$ 3,614,390</u> |
| <b>Liabilities and net assets</b>                               |                     |                     |
| Current liabilities                                             |                     |                     |
| Accounts payable and accrued liabilities                        | \$ 270,491          | \$ 234,443          |
| Compensation and related liabilities                            | 335,173             | 279,006             |
| Estimated payable to medicare and medicaid programs             | 79,505              | 66,260              |
| Current portion of operating lease obligations                  | 25,715              | 23,743              |
| Current portion of long-term debt and finance lease obligations | 20,944              | 15,821              |
| <b>Total current liabilities</b>                                | 731,828             | 619,273             |
| Long-term debt                                                  | 1,124,099           | 1,111,018           |
| Operating lease obligations                                     | 88,804              | 92,873              |
| Finance lease obligations                                       | 39,889              | 41,615              |
| Pension liabilities                                             | 18,667              | 21,976              |
| Other liabilities                                               | 2,121               | 1,916               |
| Net assets                                                      |                     |                     |
| Net assets without donor restrictions                           | 1,869,936           | 1,663,851           |
| Noncontrolling ownership interest in consolidated affiliates    | 6,980               | -                   |
| Net assets with donor restrictions                              | 75,503              | 61,868              |
| <b>Total net assets</b>                                         | <u>1,952,419</u>    | <u>1,725,719</u>    |
| <b>Total liabilities and net assets</b>                         | <u>\$ 3,957,827</u> | <u>\$ 3,614,390</u> |

See notes to consolidated financial statements.

**St. Luke's Health System, Ltd. and Subsidiaries****Consolidated Statements of Operations and Changes in Net Assets  
For the Years Ended September 30, 2024 and 2023  
(In thousands)**

|                                                                        | <b>2024</b>              | <b>2023</b>             |
|------------------------------------------------------------------------|--------------------------|-------------------------|
| <b>Revenues</b>                                                        |                          |                         |
| Net patient service revenue                                            | \$ 2,955,672             | \$2,646,643             |
| Capitated revenue                                                      | 1,034,819                | 1,085,084               |
| Net premium revenue                                                    | 29,639                   | 12,066                  |
| Other revenue                                                          | 120,152                  | 176,984                 |
| Net assets released from restrictions—operating                        | <u>(8,093)</u>           | <u>(454)</u>            |
| <b>Total revenues</b>                                                  | <b>4,132,189</b>         | <b>3,920,323</b>        |
| <b>Expenses</b>                                                        |                          |                         |
| Employee compensation and benefits                                     | 1,980,321                | 1,841,856               |
| Supplies and drugs                                                     | 803,898                  | 732,723                 |
| Medical claims                                                         | 520,598                  | 570,924                 |
| Other operating expenses                                               | <u>596,260</u>           | <u>546,543</u>          |
| <b>Total operating expenses</b>                                        | <b>3,901,077</b>         | <b>3,692,046</b>        |
| <b>Earnings before interest, depreciation and amortization</b>         | <b>231,112</b>           | <b>228,277</b>          |
| Depreciation and amortization                                          | 120,412                  | 125,125                 |
| Interest                                                               | <u>43,607</u>            | <u>39,444</u>           |
| <b>Net operating income</b>                                            | <b>67,093</b>            | <b>63,708</b>           |
| Net investment income                                                  | 66,684                   | 25,630                  |
| Income taxes                                                           | (962)                    | 31                      |
| Plan termination loss                                                  | <u>(17,845)</u>          | <u>-</u>                |
| <b>Revenue in excess of expenses attributable to the Health System</b> | <b><u>\$ 114,970</u></b> | <b><u>\$ 89,369</u></b> |

See notes to consolidated financial statements.

(Continued)

**St. Luke's Health System, Ltd. and Subsidiaries****Consolidated Statements of Operations and Changes in Net Assets  
For the Years Ended September 30, 2024 and 2023  
(In thousands)**

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|                                                          | <b>2024</b>         | <b>2023</b>         |
|----------------------------------------------------------|---------------------|---------------------|
| <b>Net assets without donor restrictions</b>             |                     |                     |
| Revenue in excess of expenses                            | \$ 114,970          | \$ 89,369           |
| Net assets from issuance of noncontrolling interests     | 6,980               | -                   |
| Change in net unrealized gains on investments            | 72,877              | 38,513              |
| Net assets released from restrictions—capital            | 4,483               | 7,189               |
| Other components of net periodic pension cost            | (4,770)             | (4,634)             |
| Pension plan termination                                 | 17,845              | -                   |
| Change in funded status of pension plans                 | <u>680</u>          | <u>146</u>          |
| <b>Increase in net assets without donor restrictions</b> | <u>213,065</u>      | <u>130,583</u>      |
| <b>Net assets with donor restrictions</b>                |                     |                     |
| Contributions                                            | 21,398              | 14,434              |
| Investment (loss) income                                 | (192)               | 87                  |
| Change in net unrealized gains on investments            | 5,005               | 2,229               |
| Net assets released from restrictions                    | <u>(12,576)</u>     | <u>(7,643)</u>      |
| <b>Increase in net assets with donor restrictions</b>    | <u>13,635</u>       | <u>9,107</u>        |
| <b>Increase in net assets</b>                            | 226,700             | 139,690             |
| Net assets—Beginning of year                             | <u>1,725,719</u>    | <u>1,586,029</u>    |
| Net assets—End of year                                   | <u>\$ 1,952,419</u> | <u>\$ 1,725,719</u> |
| See notes to consolidated financial statements.          |                     | (Concluded)         |

**St. Luke's Health System, Ltd. and Subsidiaries**

**Consolidated Statement of Cash Flows**  
**For the Years Ended September 30, 2024 and 2023**  
**(In thousands)**

|                                                                                               | <b>2024</b>      | <b>2023</b>      |
|-----------------------------------------------------------------------------------------------|------------------|------------------|
| <b>Cash flows from operating activities:</b>                                                  |                  |                  |
| <b>Increase (decrease) in net assets</b>                                                      | \$ 226,700       | \$ 139,690       |
| Adjustments to reconcile increase in net assets to net cash provided by operating activities: |                  |                  |
| Depreciation and amortization                                                                 | 120,412          | 125,125          |
| Net realized (gains) losses on investments                                                    | (18,576)         | 13,004           |
| Unrealized (gains) on investments                                                             | (76,680)         | (39,564)         |
| Amortization of deferred financing fees                                                       | 355              | 348              |
| Restricted contributions received                                                             | (21,398)         | (14,434)         |
| Gain on disposition of equipment and other assets                                             | (3,427)          | (202)            |
| Change in other components of net periodic pension cost                                       | 4,770            | 4,634            |
| Change in funded status of pension plans                                                      | (680)            | (146)            |
| Changes in operating assets and liabilities:                                                  |                  |                  |
| Receivables                                                                                   | (57,431)         | (24,181)         |
| Inventories                                                                                   | (6,936)          | (973)            |
| Prepaid expenses and other current assets                                                     | (1,042)          | (2,702)          |
| Other assets                                                                                  | (54,963)         | (32,332)         |
| Accounts payable and accrued liabilities                                                      | 21,645           | (1,606)          |
| Compensation and related liabilities                                                          | 56,371           | 7,438            |
| Medicare cash repayments                                                                      | -                | (1,743)          |
| Payable to medicare and medicaid programs                                                     | 13,245           | 9,363            |
| Other liabilities                                                                             | (7,399)          | (7,263)          |
| <b>Net cash provided by operating activities</b>                                              | <b>194,966</b>   | <b>174,456</b>   |
| <b>Cash flows from investing activities:</b>                                                  |                  |                  |
| Acquisition of property, plant, equipment and land, net of accounts payable                   | (187,067)        | (134,997)        |
| Proceeds (loss) from disposition of equipment and other assets                                | 9,241            | (243)            |
| Purchase of investments                                                                       | (1,338,001)      | (1,408,608)      |
| Other changes in investments                                                                  | (10,183)         | (170)            |
| Proceeds from sale of investments                                                             | 1,363,706        | 1,146,208        |
| Capital (contributed to) unconsolidated affiliates                                            | -                | (7,057)          |
| Net cash increase from acquisition                                                            | 87               | -                |
| Distributions from unconsolidated affiliates                                                  | 91               | 306              |
| <b>Net cash (used in) investing activities</b>                                                | <b>(162,126)</b> | <b>(404,561)</b> |

**St. Luke's Health System, Ltd. and Subsidiaries**

**Consolidated Statement of Cash Flows**  
**For the Years Ended September 30, 2024 and 2023**  
**(In thousands)**

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|                                                                                       | <b>2024</b>              | <b>2023</b>              |
|---------------------------------------------------------------------------------------|--------------------------|--------------------------|
| <b>Cash flows from financing activities:</b>                                          |                          |                          |
| Repayment of long-term debt                                                           | \$ (11,857)              | \$ (11,424)              |
| Proceeds from long-term debt issuance                                                 | -                        | 250,000                  |
| Cost of issuance on long-term debt                                                    | -                        | (297)                    |
| Proceeds from debt issued by consolidated affiliate                                   | 7,598                    | -                        |
| Proceeds from contributions for temporarily restricted net assets                     | 21,398                   | 14,434                   |
| Payments on notes payable                                                             | <u>(2,000)</u>           | <u>(25,648)</u>          |
| <b>Net cash provided by financing activities</b>                                      | 15,139                   | 227,065                  |
| <b>Net increase (decrease) in cash, cash equivalents and restricted cash</b>          | 47,979                   | (3,040)                  |
| <b>Cash, cash equivalents and restricted cash—Beginning of year</b>                   | <u>142,356</u>           | <u>145,396</u>           |
| <b>Cash, cash equivalents and restricted cash—End of year</b>                         | <u><u>\$ 190,335</u></u> | <u><u>\$ 142,356</u></u> |
| <b>Supplemental cash flow information:</b>                                            |                          |                          |
| Purchase of property, plant and equipment in accounts payable and accrued liabilities | \$ 17,397                | \$ 7,115                 |
| Unsettled investment purchases                                                        | 22,247                   | 46,180                   |
| Unsettled investment sales                                                            | 3,717                    | 4,599                    |
| Acquisition of property, plant and equipment—net                                      | 28,616                   | -                        |
| Assumption of long-term debt                                                          | 24,655                   | -                        |

See notes to consolidated financial statements.

(Concluded)

## St. Luke's Health System, Ltd. and Subsidiaries

### Notes to the Consolidated Financial Statements As of and for the Years Ended September 30, 2024 and 2023 (In thousands)

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#### 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Organization**—St. Luke's Health System, Ltd. and subsidiaries (the "Health System") is an Idaho-based not-for-profit organization providing comprehensive integrated healthcare services throughout the communities it serves.

The Health System provides patient services, including outpatient and inpatient, rehabilitation services and physician services. The Health System's primary hospitals and patient service areas are located within the State of Idaho in or surrounding the cities of Boise, Meridian, Nampa, Twin Falls, Mountain Home, McCall, Jerome, and Ketchum and have other facilities and operations throughout Southern Idaho and Eastern Oregon.

St. Luke's Health Partners ("the Network") is a wholly owned not-for-profit, though not tax-exempt, subsidiary of the Health System. The Network is a financially and clinically-integrated network that allows independent physicians and facilities to partner with the Health System and is organized to assume financial and clinical accountability in capitated arrangements. These arrangements include governmental and commercial payers, as well as self-funded employers. Under these arrangements, the Network is accountable for the management of health outcomes and medical spend for defined populations through value-based agreements with payers.

St. Luke's Health Plan, Inc. (the "Plan") is a wholly owned not-for-profit, though not tax exempt, subsidiary of the Health System. In early 2022, the Plan became a managed care organization when it received a Certificate of Authority from the Idaho Department of Insurance and starting January 1, 2023, the Plan's first health insurance policies became effective. The Plan offers a range of insurance products, including individual and group lines of business across west central and south-central Idaho counties. The Plan's purpose "to connect people with affordable, hassle-free health care" seamlessly aligns with St. Luke's long-standing commitment to improving the health of people through coordinated health care while seeking to improve affordability for patients.

The Health System's general offices and corporate functions are located in Boise, Idaho. The Health System is governed by a volunteer Board of Directors ("the Board") made up of local citizens.

**Basis of Presentation**—The consolidated financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("GAAP"). Intercompany transactions have been eliminated.

**Use of Estimates**—The preparation of financial statements in conformity with GAAP requires management to make estimates, assumptions and judgments that affect the amounts reported in the consolidated financial statements. The Health System considers critical accounting estimates to be those that require more significant judgments and estimates in the preparation of its consolidated financial statements, including the following: contractual allowances for uncollectible accounts receivable, provisions for self-pay price concessions and charity care; useful lives of depreciable assets; liabilities associated with employee

benefit programs; self-insured professional liability risks not covered by insurance; medical claims incurred but not yet reported; and potential settlements with the Medicare and Medicaid programs.

Changes in estimates are included in results of operations in the period when such amounts are determined, and actual amounts could differ from such estimates.

**Statements of Operations**—Transactions deemed by management to be ongoing, major, or central to the provision of integrated health care services are reported as unrestricted revenues, gains and other support and expenses.

**Net Assets with Donor Restrictions**—Net assets with donor restrictions are those subject to donor-imposed stipulations. Some donor-imposed restrictions are temporary in nature which are met by actions of the Health System or by the passage of time. Other donor restrictions are perpetual in nature, where the donor stipulates those resources be maintained in perpetuity. These are generally restricted to provide ongoing income for a specific program.

**Donor Restricted Gifts**—Unconditional promises to give cash, pledges receivable and other assets are recorded at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as donor restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of operations and changes in net assets as net assets released from restrictions. Total pledges receivable, net of allowances, as of September 30 were as follows:

|                                                     | 2024            | 2023            |
|-----------------------------------------------------|-----------------|-----------------|
| Less than one year                                  | \$ 2,500        | \$ 2,673        |
| One to five years                                   | 4,146           | 587             |
| More than five years                                | <u>-</u>        | <u>10</u>       |
|                                                     | 6,646           | 3,270           |
| Less allowance for estimated uncollectible accounts | <u>205</u>      | <u>70</u>       |
| Total pledges receivable                            | <u>\$ 6,441</u> | <u>\$ 3,200</u> |

**Cash, Cash Equivalents and Restricted Cash**—Cash and cash equivalents represents cash on hand and cash in banks, excluding amounts whose use is limited, and consists primarily of cash and highly liquid investments with original maturities of three months or less. As of September 30, 2024 and 2023, the Health System had book overdrafts of \$2,585 and \$771, respectively, that is included in accounts payable and accrued liabilities.

The following table reconciles cash, cash equivalents and restricted cash shown in the statement of cash flows to amounts presented within the consolidated balance sheets as of September 30, 2024 and 2023, respectively:

|                                                                                    | <b>2024</b>       | <b>2023</b>       |
|------------------------------------------------------------------------------------|-------------------|-------------------|
| Cash and cash equivalents                                                          | \$ 159,696        | \$ 75,245         |
| Restricted cash included in current portion of assets whose use is limited         |                   |                   |
| Held by trust under bond indenture                                                 | <u>4,069</u>      | <u>26,022</u>     |
| Cash equivalents included in assets whose use is limited                           | <u>26,570</u>     | <u>41,089</u>     |
| Total cash, cash equivalents, and restricted cash shown in statement of cash flows | <u>\$ 190,335</u> | <u>\$ 142,356</u> |

**Inventories**—Inventories consist primarily of pharmaceutical, medical, and surgical supplies and are stated at the lower of cost (on a moving-average basis) or net realizable value.

**Assets Whose Use is Limited**—Assets whose use is limited include assets set aside by the Board for future capital purposes over which the Board retains control and may, at its discretion, subsequently be used for debt retirement or other purposes. It also includes assets held by trustee under indenture agreements, assets restricted by donors for specific purposes, permanent endowment funds, or by law. Assets whose use is limited also include strategically designated assets held by the Plan.

The Health System's long-term and short-term investment portfolios are managed according to investment policies adopted by the Health System and based on overall investment objectives. Board designated funds are investments established by the Board for strategic future capital or operating expenditures intended to expand or preserve services provided to the communities it serves. All investments are classified as available for sale and recorded at fair value using trade date accounting. Realized gains (losses) on investments whose use has not been restricted by the donor, including unrestricted income from endowment funds, are reported as part of investment income. Investment income and gains (losses) on investments whose income has been restricted by the donor are recorded as increases (decreases) to net assets with donor restrictions.

The Health System's investments primarily include mutual funds and debt securities that are carried at fair value. The Health System evaluates whether securities are other-than-temporarily impaired ("OTTI") based on criteria that include the extent to which cost exceeds market value, the intent to sell, the duration of the market decline, the credit rating of the issuer or security, the failure of the issuer to make scheduled principal or interest payments and the financial health and prospects of the issuer or security. Any declines in the value of investment securities determined to be OTTI are recognized in earnings and reported as OTTI losses. The Health System determined that no securities were OTTI as of September 30, 2024 and 2023.

**Equity Method Investment**— During the year, the Health System owned minority membership interests in two joint-venture equity investments ("JV Investments"). These JV

investments were both accounted for using the equity method and initially recorded at cost. The Health System captures the activity related to these JV investments by increasing (decreasing) the reported balances by the related contributions, as well as their proportionate share of earnings (losses).

The Health System owns a membership interest of 49.5% in Broadway Park Holdings, LLC ("BPH"). The Health System's investment in BPH as of September 30, 2024 and 2023, was \$7,537 and \$7,628, respectively. During the year ended September 30, 2024 and 2023, the Health System recognized equity earnings from the investment in BPH of \$1,209 and \$1,294, respectively.

The Health System owns a membership interest of 49% of ATSAW SL, LLC ("ATSAW"). The Health System's investment in this entity as of September 30, 2024 and 2023, was \$0 and \$6,706, respectively. During the fiscal year ended September 30, 2024, circumstances related to membership interest in ATSAW changed, requiring consolidation. See "Consolidated Affiliates", below. For the year ended September 30, 2023 there was no activity that required recognition of equity earnings by the Health System related to ATSAW.

**Consolidated Affiliates** – Beginning July 1<sup>st</sup>, 2024, the Health System was required to fully consolidate ATSAW, as the Health System had exercised its option to purchase the assets held by ATSAW. The Health System removed the equity investment and consolidated the assets and liabilities of ATSAW into the consolidated financial statements. The net asset attributable to the noncontrolling interest was \$6,980 as of September 30, 2024.

**Property, Plant, and Equipment**—Property, plant, and equipment, including internal use software, are recorded at cost except for donated assets, which are recorded at fair value at the date of donation. Property and equipment donated for Health System operations are recorded as additions to property, plant, and equipment when the assets are placed in service. Depreciation is computed using the straight-line method over the estimated useful lives of the depreciable assets with depreciation taken in both the year placed in service and the year of disposition.

The estimated useful lives of each asset ranges are as follows:

|                                   |             |
|-----------------------------------|-------------|
| Buildings                         | 15–40 years |
| Fixed and major movable equipment | 2–20 years  |
| Leasehold improvements            | 5–15 years  |
| Information technology            | 3–7 years   |

Expenditures for maintenance and repairs are charged to expense as incurred and expenditures for renewals and betterments are capitalized. Upon sale or retirement of depreciable assets, the related cost and accumulated depreciation are removed from the records and any gain or loss is reflected in the statement of operations. Periodically, the Health System evaluates the carrying value of property, plant, and equipment for impairment based on undiscounted operating cash flows whenever events or changes occur which might impact recovery of recorded assets.

**Costs of Borrowing**—Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets. Financing costs are deferred and amortized over the life of the debt.

**Other Assets**—Other assets include land and buildings held for future investment or future expansion, goodwill and other non-limited use assets.

**Assets held for sale**—The Health System classifies certain assets as assets held for sale when the assets have met applicable criteria for this classification.

**Goodwill**—Goodwill represents the future economic benefits arising from other assets acquired in a business combination that are not individually identified and separately recognized. With the adoption of Accounting Standards Update ("ASU") 2019-06, the Health System amortizes goodwill on a straight-line basis over a ten-year period. The Health System has elected to test goodwill for impairment at the entity level. Impairment testing is required when a triggering event occurs that indicates that the fair value of the Health System may be below carrying amount. The Health System considered various events and circumstances at the end of each fiscal year to evaluate whether the Health System's fair value was less than carrying value. Based on the Health System's assessment of relevant events and circumstances, the Health System has concluded that no triggering events occurred that would require an impairment test. There was no impairment of goodwill for the fiscal years ended September 30, 2024 and 2023.

**Right-of-Use Assets and Lease Obligations**—The Health System determines if an arrangement is a lease at inception of the contract. Right-of-use assets represent the right to use the underlying assets for the lease term and the lease liabilities represent an obligation to make lease payments arising from the leases. Right-of-use assets and lease liabilities are recognized at the lease commencement date based on the present value of lease payments over the lease term. When available, the Health System uses the implicit rate stated in the contract. If the implicit rate is not stated, an estimated Incremental Borrowing Rate ("IBR") is used. The IBR is estimated based on market rates provided by our banking advisors for similar duration debt issuances at or near the lease commencement date. Operating and financing lease obligations with an initial term of 12 months or less ("short-term leases") are not recorded on the consolidated balance sheets. Expenses for short-term lease obligations are recognized within other operating expenses on the consolidated statements of operations and changes in net assets, over the lease term. The Health System's finance leases are primarily for real estate. Finance lease right-of-use assets are included in property, plant and equipment with the related liabilities listed in current and long-term liabilities on the consolidated balance sheets.

Operating lease right-of-use assets and lease obligations are recorded for all leases that are not considered finance leases or short-term leases. The Health System's operating leases cover medical and office equipment, auto, medical transportation aircraft and real estate inclusive of outpatient facilities, medical office buildings, warehousing, and administrative office space. The Health System's real estate leases typically have an initial term of one to fifteen years. The Health System's equipment lease agreements typically have a term of one to six years. The real estate leases may include one or more options to renew, with renewals that typically can extend the lease term from one to ten years. The exercise of lease renewal options is at the Health System's sole discretion. For accounting purposes, options to extend or terminate the lease are included in the lease term when it is reasonably certain the options will be exercised. Operating lease liabilities represent the obligation to make lease payments arising from the leases and are recognized at the lease commencement date based on the present value of lease payments over the lease term.

Certain lease agreements for real estate include payments based on actual common area maintenance expenses and others include rental payments adjusted periodically for inflation. We have elected to include these non-lease components with lease components for contracts

containing real estate leases for the purpose of calculating lease right-of-use assets and liabilities, to the extent that they are fixed. Non-lease components that are not fixed are expensed as incurred as variable lease payments. These variable lease payments are recognized in other operating expenses, net, but are not included in the right-of-use asset or liability balances. The Health System's lease agreements do not contain any material residual value guarantees, restrictions, or covenants.

**Charity Care**—The Health System provides services to all patients regardless of their ability to pay in accordance with its charity care policy. The estimated cost of providing these services is calculated by multiplying the ratio of cost to gross charges for the Health System by the gross compensated charges associated with providing care to charity patients.

In addition to charity care services, the Health System provides services to patients who are deemed indigent under state Medicaid and county indigency program guidelines. In most cases, the cost of services provided to these patients exceeds the amounts received as compensation from the respective programs. In addition, in response to broader community needs, the Health System also provides many programs such as health screening, patient and health education programs, clinical and biomedical services to outlying hospitals, and serves as a clinical teaching site for higher education programs of health professionals. The following unaudited schedule summarizes the charges forgone in accordance with the Health System's charity care policy, the unpaid costs associated with services provided under Medicare, Medicaid, and county indigency programs, and the benefit of services provided to support broader community needs:

|                                                      | <b>Unaudited</b> |             |
|------------------------------------------------------|------------------|-------------|
|                                                      | <b>2024</b>      | <b>2023</b> |
| Estimated amounts related to:                        |                  |             |
| Unpaid cost of Medicaid and other public programs    | \$ 508,045       | \$ 528,842  |
| Services provided to support broader community needs | 116,324          | 105,120     |
| Cost of providing charity care                       | 50,040           | 35,579      |

**Income Taxes**—The Health System is a not-for-profit corporation and is recognized as tax-exempt pursuant to Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. The Health System has activities that are considered unrelated business taxable income ("UBTI"), which are subject to income tax. The Health System also has two taxable subsidiaries, the Network, and the Plan whose operations are included in the consolidated financial statements and as such we have provided for income taxes on this activity under the Accounting Standards Codification ("ASC") 740.

For the Health System's taxable subsidiary and activities considered UBTI, income taxes are accounted for under the asset and liability method, which requires the recognition of Deferred Tax Assets ("DTAs") and Deferred Tax Liabilities ("DTLs") for the expected future tax consequences of events that have been included in the consolidated financial statements. Under this method, the Health System determines DTAs and DTLs based on the differences between the financial statement and tax bases of assets and liabilities using enacted tax rates in effect for the year in which the differences are expected to reverse. The effect of a change in tax rates on DTAs and DTLs is recognized in results of operations in the period that includes the enactment date of the rate change.

The Health System recognizes DTAs to the extent that these assets are more likely than not to be realized. In making such a determination, the Health System considers all available positive and negative evidence, including future reversals of existing taxable temporary differences, projected future taxable income, tax-planning strategies, and results of recent

operations. If the Health System determines that DTAs are realizable in the future in excess of their net recorded amount, the Health System would make an adjustment to the DTA valuation allowance, which would reduce the provision for income taxes.

The Health System records uncertain tax positions in accordance with ASC 740 on the basis of a two-step process in which (1) the Health System determines whether it is more likely than not that the tax positions will be sustained on the basis of the technical merits of the position and (2) for those tax positions that meet the more-likely-than-not recognition threshold, the Health System recognizes the largest amount of tax benefit that is more than 50 percent likely to be realized upon ultimate settlement with the related tax authority. Management is not aware of any uncertain tax positions that should be recorded.

**Net Patient Service Revenue**—Net patient service revenue is reported at the amount that reflects the consideration to which the Health System expects to be entitled in exchange for providing care. These amounts are due from patients, third-party payors, and others, including estimated adjustments under reimbursement agreements with third-party payors when services are rendered. As final settlements are made and estimates are revised, the differences are reflected in current operations.

The Health System records revenue during the period after obligations to provide healthcare services are satisfied. Generally, the Health System bills patients and third-party payors several days after the services are performed or after the patient is discharged from the facility. Revenue is recognized as performance obligations are satisfied by transferring services to customers.

Performance obligations are determined based on the nature of the services provided by the Health System. Revenues are recorded during the period obligations to provide health care services are satisfied.

Revenue for the performance obligations satisfied over time is recognized based on actual charges incurred. Generally, performance obligations satisfied over time relate to patients receiving inpatient services. The Health System measures the performance obligation from admission into the hospital to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge. Revenue for performance obligations satisfied at a point in time is generally recognized when goods or services are provided, and the Health System does not believe it is required to provide additional goods or services related to the patient.

Because all its performance obligations relate to contracts with a duration of less than one year, the Health System has elected to apply the optional exemption provided in ASC 606-10-50-14(a) and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

The Health System determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with the Health System's policy, or implicit price concessions provided to uninsured patients. The Health System determines its estimates of contractual adjustments and discounts based on contractual agreements, its

discount policy, and historical experience. The Health System determines its estimate of implicit price concessions based on its historical collection experience with this class of patients.

The Health System has agreements with third-party payors that provide for payments to the Health System at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

**Medicare**—Inpatient acute and certain outpatient care services rendered to Medicare program beneficiaries are paid at prospectively determined rates based upon the service provided. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors.

Inpatient non-acute services, certain other outpatient services, and medical education costs related to Medicare beneficiaries are paid based on a cost reimbursement methodology.

The Health System is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Health System and audits thereof by the Medicare Administrative Contractor ("MAC"). The Health System's classification of patients under the Medicare program, and the appropriateness of their admission are subject to a review by a peer review organization under contract with the MAC.

**Medicaid**—Prior to July 1, 2021, inpatient and outpatient services rendered to Medicaid program beneficiaries were reimbursed under a cost-based reimbursement methodology which was retroactively settled. Effective July 1, 2021, Medicaid transitioned inpatient hospital reimbursement from this cost-based structure to a Diagnosis Related Group (DRG) model, which pays for medical services under a budget, based on the patient's severity of illness. Also, effective July 1, 2021, outpatient hospitals were transitioned to a final prospective payment rate based on a percent of charges multiplied by allowable Medicaid charges. The percent of charges were calculated from the most recent cost settlement used to set payment rates. The prospective payment rate will not be retroactively cost settled. Critical access hospitals were excluded from these reimbursement methodology changes and have continued to receive cost-based reimbursement for inpatient and outpatient services.

Beginning January 1, 2022, the Network's Value Care Organization ("VCO") entered a capitated arrangement, managing health outcomes related to the majority of the Health System's Medicaid patients, which include those that align with physician groups within the VCO. The remaining Medicaid patients continue to be reimbursed under the methodologies outlined in the preceding paragraph.

Changes in estimated settlement amounts are included in results of operations in the period when such amounts are determined. The Health System has an opportunity to amend previously settled cost reports when new or revised information is discovered. With regard to the amended cost reports, the Health System updates estimated settlements when amounts are probable and estimable.

Changes in prior year estimates for Medicare and Medicaid settlements increased net patient service revenue by \$9,771 and \$18,045 for the years ended September 30, 2024 and 2023.

**Other Third-Party Payors**—The Health System has also entered into payment agreements with certain commercial insurance carriers, health maintenance

organizations, and preferred provider organizations. The basis for payment to the Health System under these agreements includes prospectively determined rates per patient day, per discharge and discounts from established charges as well as payor specific contract terms.

The Health System provides care to patients regardless of their ability to pay. The Health System has determined it has provided implicit price concessions to uninsured patients and patients with other uninsured balances such as copays and deductibles. The implicit price concessions included in estimating the transaction prices represent the difference between amounts billed to patients and amounts the Health System expects to collect based on the collection history of those patients.

**Capitated Revenue**—Capitated revenue represents contractual revenue from value-based arrangements at the Network, where financial responsibility is assumed for services provided to enrollees by other institutional health care providers. In these arrangements, a settlement amount is calculated based on medical claims experience as compared to budget targets based on contractual terms. Capitated revenue is recognized during the period for which institutional providers are obligated to provide health services to enrollees. Settlements are accrued during the period in which the related services are rendered. Losses expected under the contract period in value-based arrangements are recognized when it is probable that expected medical claim expense exceeds future capitated revenue.

Reserves for incurred but not reported medical claims have been established for the unpaid costs of health care services covered under the value-based arrangements. The reserves are estimated based on actuarial analysis, historical experience, and payment trends. Subsequent actual claims experience will differ from the estimated reserve due to variances in estimated and actual utilization of health care services. As final settlements are made and estimates are revised, the differences are reflected in current operations. Reserves for incurred but not reported were \$119,795 and \$119,152 and include \$13,277 and \$9,800 related to employee claims for as of September 30, 2024 and 2023, respectively.

The Network bears full performance exposure on all significant value-based arrangements. Per ASC 606, *Revenue from Contracts with Customers*, the capitated revenue and corresponding medical costs are presented gross when we bear the full financial risk for the defined healthcare services and care activities in the fulfillment of our obligation and net when we bear limited financial risk. The Direct Contracting and Medicaid programs are reinsured by the sponsoring payor, while all other value-based arrangements are reinsured through Sequoyah Assurance, Ltd. (the "Captive"), a Cayman domiciled wholly owned subsidiary of the Health System, and recoveries are netted within medical claims expense related to the arrangement.

**Net Premium Revenue**—Premium Revenue represents health insurance premiums from enrollees in insurance products provided by the Plan, net of reinsurance premiums ceded. Premium revenue is recognized in the coverage period in which enrollees are entitled to receive healthcare services. Premiums received in advance of coverage period are recorded in accounts payable and accrued liabilities.

Reserves for incurred but not reported medical claims have been established for the unpaid costs of health care services for members. The reserves are estimated based on actuarial analysis, historical experience, and payment trends. Subsequent actual claims experience will differ from the estimated reserve due to variances in estimated and actual utilization of health care services. As final settlements are made and estimates are revised, the differences

are reflected in current operations. Reserves for incurred but not reported were \$3,296 and \$1,298 as of September 30, 2024 and 2023, respectively.

**Adopted Accounting Pronouncements**—In June 2016, FASB issued ASU No. 2016-03 “Financial Instruments—Credit Losses (“Topic 326”). This guidance is intended to align the needs of the users of financial statements related to credit loss recognition and addresses the potential weakness from the delayed recognition of credit losses, resulting in an overstatement of assets. The amendments replace the current incurred loss methodology, which delays recognition until it is probable a loss has occurred, with one that reflects expected credit losses and requires consideration of a broader range of reasonable and supportable information to inform credit loss estimates. This guidance was effective for the Health System beginning October 1, 2023. The adoption of ASU No. 2016-03 did not have a material impact on the Health Systems financial position, or results of operations.

**Forthcoming Accounting Pronouncements**—In October 2021, FASB issued ASU No. 2021-08 “*Business Combinations (“Topic 805”) – Accounting for Contract Assets and Contract Liabilities from Contracts with Customers.*” The amendments in this update require the acquiring entity to recognize and measure contract assets and contract liabilities acquired in a business combination in accordance with Topic 606. This guidance was effective for the Health System beginning October 1, 2024. The Health System will apply this guidance in consideration of any future business combinations that may occur on or after October 1, 2024.

In December 2023, FASB issued ASU No. 2023-09 “Income Taxes (“Topic 740”)—Improvements to Income Tax Disclosures.” The amendments in this update enhance transparency about income tax information through improvements to income tax disclosures primarily related to the rate reconciliation and income taxes paid information. This guidance will be effective for the Health System beginning October 1, 2026 and allows for early adoption. The Health System is still evaluating the impact this guidance may have on its consolidated financial statements.

**Reclassifications**—Certain amounts in the prior financial statements have been reclassified to conform to the presentation of the current period financial statement

## 2. OPERATING REVENUE

Operating revenue consists primarily of net patient service revenue, net premium revenue and capitated revenue. Revenue from patient’s deductible and coinsurance are included in the categories presented below based on primary payor. Premium revenue primarily reflects the sale of individual and group insurance products through the Plan. Capitated revenue primarily represents contractual revenue from value-based arrangements with the Network.

Patient service revenue, net of contractual allowances and discounts by primary payor source, for the years ended September 30 were as follows:

|                                        | 2024                | 2023                |
|----------------------------------------|---------------------|---------------------|
| Commercial payors, patients, and other | \$ 1,500,211        | \$ 1,274,513        |
| Managed care other                     | 250,361             | 252,564             |
| Medicare program                       | 562,645             | 460,257             |
| Managed Medicare                       | 289,265             | 252,795             |
| Medicaid program                       | 353,190             | 408,373             |
| Medicaid value-based care              | -                   | (1,859)             |
|                                        | <u>\$ 2,955,672</u> | <u>\$ 2,646,643</u> |

The composition of net patient service revenue and other revenue based on major service lines for the years ended September 30 were as follows:

|                                             | <b>2024</b>         | <b>2023</b>         |
|---------------------------------------------|---------------------|---------------------|
| Service lines:                              |                     |                     |
| Hospital services                           | \$ 2,496,217        | \$ 2,205,304        |
| Physician services                          | <u>459,455</u>      | <u>441,339</u>      |
| Net patient service revenue by service line | 2,955,672           | 2,646,643           |
| Capitated revenue                           | 1,034,819           | 1,085,084           |
| Net premium revenue                         | 29,639              | 12,066              |
| Revenue from other sources                  | <u>112,059</u>      | <u>176,530</u>      |
| Total operating revenue                     | <u>\$ 4,132,189</u> | <u>\$ 3,920,323</u> |

For the year ended September 30, 2024, the Health System received \$42,300 for the 340B remedy lump sum settlement under the CMS November 8, 2023 Final Rule related to underpayments in the drug discount program for calendar years 2018 through 2022 that is included in net patient service revenue from Medicare.

### **3. ACCOUNTS RECEIVABLE AND CONCENTRATION OF CREDIT RISK**

The Health System grants credit without collateral to its patients, most of whom are local residents and many of whom are insured under third-party payor agreements. Accounts receivable, reflected net of any contractual arrangements, as of September 30 were as follows:

|                                        | <b>2024</b>       | <b>2023</b>       |
|----------------------------------------|-------------------|-------------------|
| Commercial payors, patients, and other | \$ 361,392        | \$ 316,440        |
| Medicare program                       | 112,873           | 97,743            |
| Medicaid program                       | 35,749            | 37,693            |
| Non-patient                            | <u>79,091</u>     | <u>75,841</u>     |
|                                        | <u>\$ 589,105</u> | <u>\$ 527,717</u> |

The allowance for estimated uncollectible accounts is determined by analyzing both historical information (write-offs by payor classification), as well as current economic conditions.

#### 4. LONG-LIVED ASSETS

##### Property, Plant, and Equipment

Property, plant, and equipment as of September 30 were as follows:

|                                                    | 2024                | 2023                |
|----------------------------------------------------|---------------------|---------------------|
| Land                                               | \$ 85,525           | \$ 72,401           |
| Buildings, land improvements, and fixed equipment  | 1,742,725           | 1,572,756           |
| Major movable equipment and information technology | <u>1,091,770</u>    | <u>1,058,120</u>    |
| Total property, plant and equipment                | <u>2,920,020</u>    | <u>2,703,277</u>    |
| Less accumulated depreciation:                     |                     |                     |
| Buildings, land improvements, and fixed equipment  | 722,408             | 673,264             |
| Major movable equipment and information technology | <u>890,330</u>      | <u>885,750</u>      |
| Total accumulated depreciation                     | <u>1,612,738</u>    | <u>1,559,014</u>    |
| Construction in process                            | <u>192,762</u>      | <u>227,613</u>      |
| Property, plant, and equipment—net                 | <u>\$ 1,500,044</u> | <u>\$ 1,371,876</u> |

Depreciation expense was \$116,673 and \$121,386 for the years ended September 30, 2024 and 2023, respectively.

## Leases

The following table presents the components of the Health System's right-of-use assets and lease obligations related to operating and finance lease obligations and their classification in the consolidated balance sheet as of September 30:

| Components of Lease Balances        | Consolidated Balance Sheet Classification                       | 2024              | 2023              |
|-------------------------------------|-----------------------------------------------------------------|-------------------|-------------------|
| Assets:                             |                                                                 |                   |                   |
| Operating lease right-of-use assets | Operating lease right-of-use assets                             | \$ 113,476        | \$ 115,331        |
| Finance lease assets                | Property, plant, and equipment—net                              | <u>31,013</u>     | <u>33,778</u>     |
| Total leased assets                 |                                                                 | <u>\$ 144,489</u> | <u>\$ 149,109</u> |
| Liabilities:                        |                                                                 |                   |                   |
| Current:                            |                                                                 |                   |                   |
| Operating lease obligations         | Current portion of operating lease obligations                  | \$ 25,715         | \$ 23,743         |
| Finance lease obligations           | Current portion of long-term debt and finance lease obligations | 1,488             | 2,106             |
| Noncurrent:                         |                                                                 |                   |                   |
| Operating lease obligations         | Operating lease obligations                                     | 88,804            | 92,873            |
| Finance lease obligations           | Finance lease obligations                                       | <u>39,889</u>     | <u>41,615</u>     |
| Total lease liabilities             |                                                                 | <u>\$ 155,896</u> | <u>\$ 160,337</u> |

The weighted-average remaining lease term and weighted-average discount rate as of and for the years ended September 30 were as follows:

| Weighted-Average Remaining Term (years) | 2024  | 2023   |
|-----------------------------------------|-------|--------|
| Operating leases                        | 5.0   | 5.5    |
| Finance leases                          | 15.0  | 15.7   |
| Weighted-Average Discount Rate          |       |        |
| Operating leases                        | 4.76% | 4.37 % |
| Finance leases                          | 4.00  | 4.00   |

The components of lease expense and their classification in the consolidated statement of operations and changes in net assets for the years ended September 30 were as follows:

| <b>Components of<br/>Lease Expenses</b> | <b>Classification in Consolidated<br/>Statement of Operations and<br/>Changes in Net Assets</b> | <b>2024</b>      | <b>2023</b>      |
|-----------------------------------------|-------------------------------------------------------------------------------------------------|------------------|------------------|
|                                         |                                                                                                 |                  |                  |
| Operating lease expenses:               |                                                                                                 |                  |                  |
| Operating lease expenses                | Other operating expenses                                                                        | \$ 32,166        | \$ 29,783        |
| Short-term rent expenses                | Other operating expenses                                                                        | 1,802            | 2,588            |
| Variable lease expenses                 | Other operating expenses                                                                        | <u>2,868</u>     | <u>2,412</u>     |
| Total operating lease expenses          |                                                                                                 | <u>36,836</u>    | <u>34,783</u>    |
| Finance lease expenses:                 |                                                                                                 |                  |                  |
| Amortization on leased assets           | Depreciation and amortization                                                                   | 2,503            | 2,792            |
| Interest on leased assets               | Interest expense                                                                                | <u>1,700</u>     | <u>1,793</u>     |
| Total finance lease expenses            |                                                                                                 | <u>4,203</u>     | <u>4,585</u>     |
| Total lease expenses                    |                                                                                                 | <u>\$ 41,039</u> | <u>\$ 39,368</u> |

Sublease income for the Health System was \$1,298 and \$875 for the years ended September 30, 2024 and 2023, respectively, and was reported as other revenue in the consolidated statements of operations and changes in net assets.

Supplemental cashflow information related to leases for the years ended September 30 includes:

|                                                                         | <b>2024</b> | <b>2023</b> |
|-------------------------------------------------------------------------|-------------|-------------|
| Cash paid for amounts included in the measurement of lease obligations: |             |             |
| Operating cash outflows from operating leases                           | \$ 37,020   | \$ 34,880   |
| Operating cash outflows from finance leases                             | 1,700       | 1,793       |
| Financing cash outflows from finance leases                             | 2,067       | 2,292       |
| Right-of-use assets obtained in exchange for lease obligations:         |             |             |
| Operating leases                                                        | 25,082      | 31,312      |

The following table reconciles the undiscounted minimum lease payment amounts to the operating and finance lease obligations on the balance sheet as of:

| <b>Years Ending<br/>September 30</b>           | <b>Operating<br/>Leases</b> | <b>Finance<br/>Leases</b> | <b>Total</b>      |
|------------------------------------------------|-----------------------------|---------------------------|-------------------|
| 2025                                           | 30,402                      | 3,109                     | 33,511            |
| 2026                                           | 26,601                      | 3,297                     | 29,898            |
| 2027                                           | 23,888                      | 3,363                     | 27,251            |
| 2028                                           | 19,409                      | 3,431                     | 22,840            |
| 2029                                           | 16,349                      | 3,499                     | 19,848            |
| Thereafter                                     | <u>12,554</u>               | <u>39,082</u>             | <u>51,636</u>     |
| Total lease payments                           | 129,203                     | 55,781                    | 184,984           |
| Less imputed interest                          | <u>(14,684)</u>             | <u>(14,404)</u>           | <u>(29,088)</u>   |
| Present value of future minimum lease payments | 114,519                     | 41,377                    | 155,896           |
| Less current lease obligations                 | <u>(25,715)</u>             | <u>(1,488)</u>            | <u>(27,203)</u>   |
| Long-term lease obligations                    | <u>\$ 88,804</u>            | <u>\$ 39,889</u>          | <u>\$ 128,693</u> |

The Health System leases out buildings or portions of buildings that it owns or leases. The following table sets forth the minimum rental income for those leases as of:

| <b>Years Ending<br/>September 30</b> | <b>Minimum<br/>Rental Revenue</b> |
|--------------------------------------|-----------------------------------|
| 2025                                 | \$ 2,562                          |
| 2026                                 | 1,095                             |
| 2027                                 | 860                               |
| 2028                                 | 540                               |
| 2029                                 | 452                               |
| Thereafter                           | <u>129</u>                        |
|                                      | <u>\$ 5,638</u>                   |

The Health System's largest operating lease is for a multibuilding complex near our largest hospital, known as St. Luke's Plaza ("SLP"). On March 8, 2018, the Health System entered into a Master Lease agreement (the "Master Lease") to lease 582,527 square feet of office space in Boise, Idaho. At the time the Health System entered the Master Lease it only occupied a portion of the office space with the remainder being leased out to other third parties. Under the Master Lease the Health System assumed responsibility for managing all other leases at SLP and in exchange became the recipient of all payments for these third-party leases, in a sublet arrangement. Since the initial commencement of the Master Lease the Health System continues to increase the amount of space it occupies at SLP. The Master Lease is with the property owner BPH, a joint venture in which the Health System owns a membership interest of 49.5%. The Health System accounts for its ownership in BPH under the equity method of accounting. As of September 30, 2024, the future minimum payments of the Master Lease of SLP are expected to be \$57,410 over the remaining term of the lease which ends March 7, 2030.

## Goodwill

Goodwill, included in other assets, as of September 30, 2024 and 2023, consists of:

|                               | 2024             | 2023             |
|-------------------------------|------------------|------------------|
| Goodwill                      | \$ 37,393        | \$ 37,393        |
| Less accumulated amortization | <u>(22,435)</u>  | <u>(18,696)</u>  |
| Total Goodwill                | <u>\$ 14,958</u> | <u>\$ 18,697</u> |

Goodwill amortization expense was \$3,739 for each of the years ending September 30, 2024 and 2023.

Expected future amortization expenses related to goodwill as of September 30, 2024, is as follows:

| Years Ending<br>September 30 | Amortization     |
|------------------------------|------------------|
| 2025                         | \$ 3,739         |
| 2026                         | 3,739            |
| 2027                         | 3,739            |
| 2028                         | <u>3,741</u>     |
|                              | <u>\$ 14,958</u> |

## 5. ASSETS WHOSE USE IS LIMITED

Assets whose use is limited that will be used for obligations classified as current liabilities and the current portion of pledges receivable are reported in current assets. Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value, based on quoted market prices of identical or similar assets.

The majority of the Health System's investments are independently advised and managed by independent investment managers. The following table sets forth the composition of assets whose use is limited as of September 30, 2024 and 2023:

|                                                                                                | <b>2024</b>         | <b>2023</b>         |
|------------------------------------------------------------------------------------------------|---------------------|---------------------|
| Board designated funds:                                                                        |                     |                     |
| Cash and cash equivalents                                                                      | \$ 26,570           | \$ 41,089           |
| Mutual funds and other equities                                                                | 383,593             | 452,711             |
| Corporate bonds, notes, mortgages and<br>asset-backed securities                               | 479,638             | 481,755             |
| Government and agency securities                                                               | 312,354             | 139,406             |
| Partnerships and joint ventures                                                                | 212,577             | 197,607             |
| Interest receivable                                                                            | 5,486               | 3,956               |
| Due to donor restricted and permanent<br>endowment funds                                       | <u>(71,010)</u>     | <u>(58,384)</u>     |
|                                                                                                | 1,349,208           | 1,258,140           |
| Less amounts classified as current assets                                                      | <u>(72,842)</u>     | <u>(64,842)</u>     |
| Total board designated funds                                                                   | <u>1,276,366</u>    | <u>1,193,298</u>    |
| Restricted funds:                                                                              |                     |                     |
| Cash and cash equivalents                                                                      | 4,069               | 26,022              |
| Government and agency securities                                                               | <u>-</u>            | <u>5,993</u>        |
| Total restricted funds                                                                         | <u>4,069</u>        | <u>32,015</u>       |
| Permanent endowment funds—due from<br>Board designated funds                                   | <u>26,528</u>       | <u>22,469</u>       |
| Donor restricted plant replacement and<br>expansion funds and other specific<br>purpose funds: |                     |                     |
| Due from Board designated funds                                                                | 44,483              | 35,915              |
| Pledges receivable                                                                             | <u>6,441</u>        | <u>3,200</u>        |
| Total donor restricted funds                                                                   | <u>50,924</u>       | <u>39,115</u>       |
| Total assets whose use is limited                                                              | <u>\$ 1,357,887</u> | <u>\$ 1,286,897</u> |

Net investment income for assets limited as to use, cash equivalents, and other investments for the years ended September 30, 2024 and 2023, are comprised of the following:

|                                                                      | <b>2024</b>      | <b>2023</b>      |
|----------------------------------------------------------------------|------------------|------------------|
| Net investment income:                                               |                  |                  |
| Interest income                                                      | \$ 48,108        | \$ 38,634        |
| Realized gains (losses) on sales of securities and other investments | <u>18,576</u>    | <u>(13,004)</u>  |
|                                                                      | <u>\$ 66,684</u> | <u>\$ 25,630</u> |
| Change in net unrealized gains on investments                        | <u>\$ 72,877</u> | <u>\$ 38,513</u> |

Proceeds received from the Series 2021A Bonds are restricted to qualified expenditures related to projects of the Health System and are held by the Series 2021A Bond Trustee in a Construction Fund. The initial deposit was \$100,865 and the remaining balance as of September 30, 2024, was \$0.

## **6. NET ASSETS WITH DONOR RESTRICTIONS**

Net assets with donor restrictions are principally held by the Health System's wholly owned subsidiary, St. Luke's Health Foundation, Ltd. ("the Foundation") and have been donated for multiple programs and initiatives throughout the Health System, principally related to furthering the advancement of patient care. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. These assets are generally restricted for funding a specific program, capital projects, and other purposes. Other donor restrictions are perpetual in nature, where the donor stipulates those resources be maintained in perpetuity. These assets are generally restricted to provide ongoing income for a specific program.

Net assets with donor restrictions as of September 30, 2024 and 2023, for the following purposes, were as follows:

|                                                | <b>2024</b>      | <b>2023</b>      |
|------------------------------------------------|------------------|------------------|
| Subject to expenditures for specified purpose: |                  |                  |
| Equipment and expansion                        | \$ 10,853        | \$ 9,738         |
| Research and education                         | 9,394            | 7,372            |
| Charity and other                              | <u>28,728</u>    | <u>22,289</u>    |
| Total subject to specified purpose             | <u>48,975</u>    | <u>39,399</u>    |
| Perpetual endowment:                           |                  |                  |
| Equipment and expansion                        | 464              | 275              |
| Research and education                         | 11,208           | 10,426           |
| Charity and other                              | <u>14,856</u>    | <u>11,768</u>    |
| Total subject to permanent endowment           | <u>26,528</u>    | <u>22,469</u>    |
| Total net assets with donor restrictions       | <u>\$ 75,503</u> | <u>\$ 61,868</u> |

The Health System's endowment consists of funds established for a variety of purposes. Endowments include both donor-restricted endowment funds and funds designated by the Board.

The composition of endowment net assets as of September 30, 2024 and 2023, were as follows:

|                                       | <b>2024</b>      | <b>2023</b>      |
|---------------------------------------|------------------|------------------|
| Donor-restricted endowment net assets | \$ 26,528        | \$ 22,469        |
| Board-designated endowment net assets | <u>4,943</u>     | <u>2,410</u>     |
| Total endowment net assets            | <u>\$ 31,471</u> | <u>\$ 24,879</u> |

Changes in endowment net assets during 2024 and 2023 were as follows:

|                                                                | <b>2024</b>      | <b>2023</b>      |
|----------------------------------------------------------------|------------------|------------------|
| Endowment net assets—beginning of period                       | \$ 24,879        | \$ 20,000        |
| Investment (losses) returns                                    | (192)            | 87               |
| Unrealized gains                                               | 5,005            | 2,229            |
| Contributions                                                  | 2,391            | 3,158            |
| Transfers to remove or add to Board-designated endowment funds | <u>(612)</u>     | <u>(595)</u>     |
| Endowment net assets—end of period                             | <u>\$ 31,471</u> | <u>\$ 24,879</u> |

Periodically, the fair value of assets associated with the individual donor restricted endowment funds may fall below the level that the donor requires the Health System to retain as a fund of perpetual duration. Deficiencies of this nature did not exist for the years ended September 30, 2024 and 2023. The Health System has a policy that permits spending from underwater endowment funds, unless otherwise precluded by donor intent or relevant laws and regulations. The Health System's policy allows for up to 4.5% of the total investment pool balance on a 12-quarter average to be released annually from the endowment to support designated programs. This policy also applies to underwater endowments.

## 7. DEBT

Long-term debt as of September 30, 2024 and 2023, consists of the following:

|                                                             | 2024                | 2023                |
|-------------------------------------------------------------|---------------------|---------------------|
| Obligations to Idaho Health Facilities Authority:           |                     |                     |
| Series 2014A Fixed Rate Bonds                               | \$ 160,780          | \$ 161,870          |
| Series 2014A Fixed Rate Bond Premium                        | 6,986               | 7,346               |
| Series 2018A Fixed Rate Bonds                               | 142,910             | 148,365             |
| Series 2018A Fixed Rate Bond Premium                        | 14,012              | 14,599              |
| Series 2018B Taxable Fixed Rate Bonds                       | 149,910             | 149,910             |
| Series 2018C Variable Rate Revenue Bonds                    | 73,760              | 73,760              |
| Series 2018D Variable Rate Direct Purchase                  | 70,000              | 70,000              |
| Series 2021A Fixed Rate Bonds                               | 218,595             | 218,595             |
| Series 2021A Fixed Rate Bond Premium                        | 20,580              | 21,563              |
| Series 2022A Variable Rate Term Loan                        | 75,000              | 75,000              |
| Series 2022B Fixed Rate Term Loan                           | 50,000              | 50,000              |
| Series 2022C Fixed Rate Term Loan                           | 75,000              | 75,000              |
| Series 2022D Fixed Rate Term Loan                           | 50,000              | 50,000              |
| Banc of America Public Capital Corp Equipment<br>Financing  | 9,394               | 14,634              |
| Finance lease obligations                                   | 41,377              | 43,721              |
| Notes payable                                               | 32,777              | -                   |
| Total debt and finance lease obligations                    | 1,191,081           | 1,174,363           |
| Less current portion                                        | 20,944              | 15,821              |
| Total long term debt, excluding deferred<br>financing costs | 1,170,137           | 1,158,542           |
| Deferred financing costs                                    | (6,149)             | (5,909)             |
| Total long term debt and finance lease obligations          | <u>\$ 1,163,988</u> | <u>\$ 1,152,633</u> |

As of September 30, 2024, the maturity schedule of long-term debt, excluding deferred financing costs, is as follows:

| Years Ending<br>September 30 | Long-Term<br>Debt   | Finance<br>Leases | Total               |
|------------------------------|---------------------|-------------------|---------------------|
| 2025                         | \$ 19,457           | \$ 3,107          | \$ 22,564           |
| 2026                         | 127,398             | 3,297             | 130,695             |
| 2027                         | 20,323              | 3,363             | 23,686              |
| 2028                         | 72,269              | 3,431             | 75,700              |
| 2029                         | 23,132              | 3,499             | 26,631              |
| Thereafter                   | 887,125             | 39,084            | 926,209             |
|                              | <u>\$ 1,149,704</u> | 55,781            | 1,205,485           |
| Less imputed interest        |                     | (14,404)          | (14,404)            |
|                              |                     | <u>\$ 41,377</u>  | <u>\$ 1,191,081</u> |

## **Obligations to Idaho Health Facility Authority**

**Series 2014A**—Represents Fixed Rate Revenue Bonds, payable in annual installments ranging from \$170 to \$16,080 beginning March 2016 through March 2044. The Series 2014A Bonds bear interest at a fixed rate ranging from 2.00% to 5.00% per annum calculated on the basis of a 360-day year comprised of 12 30-day months and are payable on March 1 and September 1 of each year. The average interest rate during 2024 was 4.81%.

The Series 2014A Bonds maturing on or after March 1, 2025, are subject to redemption prior to maturity at the option of the Health System on or after March 1, 2024.

**Series 2018A**—Represents Fixed Rate Revenue Bonds, payable in annual installments ranging from \$995 to \$18,285 beginning March 2020 through March 2048. The Series 2018A Bonds bear interest at a fixed rate ranging from 4.00% to 5.00% per annum calculated on the basis of a 360-day year comprised of 12 30-day months and are payable on March 1 and September 1 of each year. The average interest rate during 2024 was 4.79%.

The Series 2018A Bonds maturing on or after March 1, 2029, are subject to redemption prior to maturity at the option of the Health System on or after September 1, 2028.

**Series 2018B**—Represents taxable Fixed Rate Revenue Bonds, payable in annual installments ranging from \$7,705 to \$49,160 beginning March 2039 through March 2048. The Series 2018B Bonds bear interest at a fixed rate of 5.02% per annum calculated on the basis of a 360-day year comprised of 12 30-day months and are payable on March 1 and September 1 of each year. The average interest rate during 2024 was 5.02%.

The Series 2018B Bonds are subject to redemption prior to maturity at the option of the Health System. The Series 2018B Bonds may be converted to another interest rate mode at the option of the Health System upon compliance with certain conditions set forth in the bond documents.

**Series 2018C**—Represents Variable Rate Revenue Bonds, payable in annual installments ranging from \$600 to \$6,000 beginning March 2026 through March 2048. The interest on the Series 2018C Bonds is payable monthly, as the Series 2018C Bonds are currently held in the Daily Mode and supported by an irrevocable direct pay letter of credit. At the option of the Health System, the Series 2018C Bonds may be converted to the Weekly Mode, Commercial Paper Mode, Adjustable Long Mode, Bank Loan Mode, Index Mode, FRN Rate Mode, Fixed Mode or another Daily Mode upon compliance with certain conditions set forth in the bond documents. The average interest rate during 2024 was 3.80%.

The Series 2018C Bonds are subject to redemption prior to maturity at the option of the Health System and, while in a Daily Mode or Weekly Mode, to optional tender by the bondholder. In the event of optional tender of the bonds, funds for repayment of the purchase price of the bonds are available from a letter of credit facility, which is scheduled to expire on June 30, 2025. As of September 30, 2024, the bonds were in the Daily Mode.

**Series 2018D**—Represents a Variable Rate Direct Purchase Bond, payable in annual installments ranging from \$555 to \$5,660 beginning March 2026 through March 2048. The interest on the Series 2018D Bonds is payable monthly, as the Series 2018D Bonds are currently held in the SOFR Index Mode. At the conclusion of the initial SOFR Index Mode (July 1, 2026) and at the option of the Health System, the Series 2018D

Bonds may be converted to the Daily Mode, Weekly Mode, Commercial Paper Mode, Adjustable Long Mode, Bank Loan Mode, another Index Mode, FRN Rate Mode, or the Fixed Mode upon compliance with certain conditions set forth in the bond documents. The average interest rate during 2024 was 5.04%.

**Series 2021A**—Represents Fixed Rate Revenue Bonds, payable in annual installments ranging from \$770 to \$32,895 beginning March 2026 through March 2051. The Series 2021A Bonds bear interest at a fixed rate ranging from 3.00% to 5.00% per annum calculated on the basis of a 360-day year comprised of 12 30-day months and are payable on March 1 and September 1 of each year. The average interest rate during 2024 was 3.72%.

The 2021A Bonds maturing on or after March 1, 2033, are subject to redemption prior to maturity at the option of the Health System on or after March 1, 2032.

**2022A Term Loan**—Represents Variable Rate Term Loan with \$75,000 payable in full at maturity, October 17, 2025. Interest is variable and payable monthly. The average interest rate during 2024 was 6.03%.

**2022B Term Loan**—Represents a Fixed Rate Term Loan with \$50,000 payable in full at maturity, October 15, 2027. The 2022B Term Loan bears interest at a fixed rate of 4.38% per annum calculated on the basis of a 360-day year and the actual number of days elapsed. Interest payments are made quarterly on January 1, April 1, July 1, and October 1 of each year. The average interest rate during 2024 was 4.45%.

**2022C Term Loan**—Represents a Fixed Rate Term Loan with \$75,000 payable in full at maturity, March 1, 2030. The 2022C Term Loan bears interest at a fixed rate of 4.62% per annum calculated on the basis of a 360-day year comprised of 12 30-day months payable on March 1 and September 1 of each year. The average interest rate during 2024 was 4.62%.

**2022D Term Loan**—Represents a Fixed Rate Term Loan payable in annual installments ranging from \$1,185 to \$44,945 beginning March 2028 through March 2032. The 2022D Term Loan bears interest at a fixed rate of 4.62% per annum calculated on the basis of a 360-day year comprised of 12 30-day months payable on March 1 and September 1 of each year. The average interest rate during 2024 was 4.62%.

**Banc of America Public Capital Corp**—Represents ten-year debt financing, payable in quarterly installments, which include principal and interest of \$1,366 beginning August 2016 through May 2026. The Banc of America Public Capital Corp debt is secured by the Health System's EHR system and bears interest at a fixed rate of 1.756% per annum payable quarterly on February 18th, May 18th, August 18th, and November 18th.

**Notes Payable**—Represents a loan for the construction of a building within ATSAW, a joint venture in which the Health System owns a membership interest of 49%. Interest is payable on a monthly basis. Per the agreements, the principal amount is due upon the note's maturity on September 5, 2026. Interest is fixed at 8.33%. Refer to Equity Method Investment within Footnote 1 for additional details regarding consolidated equity investments.

**Lines of Credit**—The Health System has an unsecured credit agreement with Key Bank, N.A. The agreement allows for borrowings up to \$60,000 and has a maturity date of March 1, 2027. In the event that principal amounts are outstanding, interest is incurred at the SOFR plus a margin of .65%. The line of credit, among other things, contains a non-usage fee on the actual daily unborrowed portion of the principal amount available at the

rate of one-tenth of 1% per annum. There were no amounts outstanding as of September 30, 2024 and 2023.

The Health System carries insignificant unsecured credit balances with Wells Fargo Bank, N.A. for working capital strategy needs such as vendor payments and employee reimbursements. Principal amounts are paid in full on a monthly basis and no interest was incurred related to these balances for the years ended September 30, 2024 and 2023.

**Interest Costs**—During the years ended September 30, 2024 and 2023, the Health System incurred total interest costs of \$50,609 and \$48,688, respectively. During 2024 and 2023, \$7,002 and \$9,244, respectively, has been capitalized and is reflected as a component of property, plant, and equipment. During the years ended September 30, 2024 and 2023, the Health System made cash payments for interest of \$52,194 and \$48,803, respectively, and cash payments for bond fees of \$1,271 and \$1,028, respectively.

**Covenants**—Debt agreements held by the Health System include a range of required covenants, provisions, and conditions. The primary covenants are related to minimum debt service coverage, unrestricted cash positions, minimum credit ratings, and maximum indebtedness to capitalization. As of September 30, 2024, the Health System was in compliance with all covenants, provisions and conditions required by outstanding agreements.

## **8. EMPLOYEE RETIREMENT PLANS**

**Defined Benefit Plans**—The St. Luke's Regional Medical Center, Ltd. Basic Pension Plan (the "SLRMC Plan") covers substantially all eligible employees employed by the Health System (with the exception of St. Luke's Magic Valley Regional Medical Center, Ltd. ("SLMV")) employees on or before December 31, 1994. The SLRMC Plan was amended and restated effective January 1, 1995, to exclude employees hired on or after that date from participation in the SLRMC Plan; however, the SLRMC Plan remains in effect for those participants who qualify and were hired prior to January 1, 1995. Employees eligible for the SLRMC Plan with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65), or after obtaining age 62 with 25 years of service, equal to a percentage of their highest five-year average annual compensation, not to exceed a certain maximum. The Health System makes annual contributions to the SLRMC Plan as necessary.

The SLMV Plan covers substantially all eligible SLMV employees employed by SLMV on or before April 1, 2005. The SLMV Plan was amended and restated effective April 1, 2005, to exclude employees hired on or after that date from participation in the SLMV Plan. The SLMV Plan remained in effect for those participants whose sum of their age plus years of credited service exceed 65 or who exceeded 10 years of service as of April 1, 2005, however, benefits were frozen for all participants effective September 30, 2010. Participants are entitled to annual pension benefits beginning at normal retirement age (65), or after obtaining age 60 with 30 years of service, equal to a calculation based on either average annual compensation or credited service.

On October 28, 2022, the Health System issued a notice of intent to terminate the SLMV Plan. The plan termination date was December 31, 2022, and all required notices, government approvals, participant elections, distributions of plan assets, and other administrative work was completed in March 2024. The Health System received a determination letter from the IRS indicating that plan termination did not affect its qualification for federal tax purposes. The plan termination involved lump sum payments

and an annuity purchase, which triggered a settlement charge under ASC 715. The Health System recognized a loss on settlement of \$17,845 during the year ended September 30, 2024, upon substantial completion of the lump sums and the purchase of an irrevocable annuity contract. Final asset reversion is not complete but is expected to occur in March 2025. Upon final asset reversion, the Health System will recognize a gain/(loss) upon settlement of the defined benefit obligations through the payment of the remaining lump sums.

The following table sets forth the SLRMC Plan and the SLMV Plan (collectively the "Plans") funded status, amounts recognized in the Health System's consolidated financial statements and other related financial information:

|                                                           | <b>SLRMC</b>      | <b>SLMV</b>     | <b>Total<br/>2024</b> | <b>Total<br/>2023</b> |
|-----------------------------------------------------------|-------------------|-----------------|-----------------------|-----------------------|
| Projected benefit obligation for service rendered to date | \$ 157,783        | \$ 1,440        | \$ 159,223            | \$ 181,905            |
| Plan assets—at fair value                                 | <u>153,280</u>    | <u>2,441</u>    | <u>155,721</u>        | <u>175,364</u>        |
| Funded status                                             | <u>\$ (4,503)</u> | <u>\$ 1,001</u> | <u>\$ (3,502)</u>     | <u>\$ (6,541)</u>     |
| Employer contributions                                    | \$ 7,000          | \$ -            | \$ 7,000              | \$ 7,000              |
| Accrued pension liability (all noncurrent)                | 4,503             | -               | 4,503                 | 7,514                 |
| Accrued pension asset                                     | -                 | (1,001)         | (1,001)               | (973)                 |
| Change in funded status                                   | (4,778)           | 28              | (4,750)               | (953)                 |
| Benefits paid                                             | 10,518            | -               | 10,518                | 16,105                |
| Settlements paid                                          | -                 | 37,962          | -                     | -                     |
| Accumulated benefit obligation                            | 151,217           | 1,440           | 152,657               | 175,781               |

The following table presents the pension benefit costs:

|                                    | <b>SLRMC</b>    | <b>SLMV</b>      | <b>Total<br/>2024</b> | <b>Total<br/>2023</b> |
|------------------------------------|-----------------|------------------|-----------------------|-----------------------|
| Service cost                       | \$ 1,164        | \$ -             | \$ 1,164              | \$ 1,258              |
| Interest cost                      | 8,281           | 455              | 8,736                 | 9,613                 |
| Expected return on plan assets     | (6,713)         | (388)            | (7,101)               | (6,922)               |
| Amortization of prior service cost | -               | -                | -                     | 32                    |
| Amortization of net loss           | <u>1,951</u>    | <u>289</u>       | <u>2,240</u>          | <u>2,140</u>          |
| Net periodic pension cost          | <u>4,683</u>    | <u>356</u>       | <u>5,039</u>          | <u>6,121</u>          |
| Settlement cost                    | <u>-</u>        | <u>17,845</u>    | <u>17,845</u>         | <u>-</u>              |
| Total cost                         | <u>\$ 4,683</u> | <u>\$ 18,201</u> | <u>\$ 22,884</u>      | <u>\$ 6,121</u>       |

Service cost is recorded on the consolidated statement of operations, within the line-item employee compensation and benefits. The other components of net periodic benefit cost are

recorded in the statement of changes in net assets, as other components of net periodic pension cost. The settlement costs are recorded in non-operating (loss) income.

Amounts recognized in net assets without donor restrictions related to the Plans at September 30, consist of:

|                    | <b>Total<br/>2024</b> | <b>Total<br/>2023</b> |
|--------------------|-----------------------|-----------------------|
| Net actuarial gain | \$ 21,840             | \$ 43,001             |

The measurement date used to determine pension benefits is September 30. Contributions to the Plans for the year ending September 30, 2025 are expected to be approximately \$0.

The overall investment strategy and policy has been developed based on the need to satisfy the long-term liabilities of the Plans. Asset class allocations are determined on a sliding scale according to the funded status of each individual plan. Risk management is accomplished through diversification across asset classes, multiple investment manager portfolios, and both general and portfolio-specific investment guidelines. The asset allocation guidelines for the Plans, including allocation ranges, are as follows:

|                         | <b>Target<br/>SLRMC</b> | <b>Allocation<br/>Range</b> |
|-------------------------|-------------------------|-----------------------------|
| Asset Class:            |                         |                             |
| Core Real Estate        | - %                     | -3% / 3 %                   |
| Liability Hedging Fixed | 100                     | -8 / 8                      |
| Cash Equivalents        | -                       | N/A / 3                     |

Managers are expected to generate a total return consistent with their philosophy and outperform both their respective peer group medians and an appropriate benchmark, net of expenses, over a one-, three-, and five-year period. The investment guidelines contain categorical restrictions such as no commodities, short-sales and margin purchases; and asset class restrictions that address such things as single security or sector concentration, capitalization limits and minimum quality standards.

Expected long-term returns on the Plans' assets are estimated by asset classes, and are generally based on historical returns, volatilities, and risk premiums. Based upon the Plans' asset allocation, composite return percentiles are developed upon which the Plans' expected

long-term return is determined. As of September 30, 2024, the amounts and percentages of the fair value of Plans' assets were as follows:

|                         | <b>SLRMC</b>      |              | <b>SLMV</b>     |              |
|-------------------------|-------------------|--------------|-----------------|--------------|
| Core Real Estate        | \$ 3,343          | 2 %          | \$ -            | - %          |
| Liability Hedging Fixed | 147,063           | 96           | -               | -            |
| Cash Equivalents        | <u>2,874</u>      | <u>2</u>     | <u>2,441</u>    | <u>100</u>   |
| Total                   | <u>\$ 153,280</u> | <u>100 %</u> | <u>\$ 2,441</u> | <u>100 %</u> |

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid from the SLRMC Plan:

|            | <b>Total<br/>SLRMC</b> |
|------------|------------------------|
| 2025       | \$ 12,733              |
| 2026       | 12,755                 |
| 2027       | 12,793                 |
| 2028       | 12,770                 |
| 2029       | 12,877                 |
| Thereafter | <u>59,416</u>          |
|            | <u>\$ 123,344</u>      |

Assumptions used in determining the actuarial present value of net periodic benefit cost of the Plans were as follows:

| <b>SLRMC</b>                                   | <b>2024</b> | <b>2023</b> |
|------------------------------------------------|-------------|-------------|
| Service cost discount rate                     | 6.03 %      | 5.55 %      |
| Service cost interest rate                     | 5.99        | 5.58        |
| Interest cost rate on benefit obligations      | 5.94        | 5.49        |
| Rate of increase in future compensation levels | 2.00-4.00   | 2.00-4.00   |
| Expected long-term rate of return on assets    | 4.70        | 5.60        |
| <b>SLMV</b>                                    |             |             |
| Service cost discount rate                     | N/A         | N/A         |
| Service cost interest rate                     | N/A         | N/A         |
| Interest cost rate on benefit obligations      | 5.26 %      | 5.26 %      |
| Expected long-term rate of return on assets    | N/A         | 2.60        |

Assumptions used in determining the actuarial present value of projected benefit obligation of the Plans were as follows:

| <b>SLRMC</b>                                   | <b>2024</b> | <b>2023</b> |
|------------------------------------------------|-------------|-------------|
| Weighted average discount rate                 | 5.01 %      | 6.01 %      |
| Rate of increase in future compensation levels | 2.00–4.00   | 2.00–4.00   |
| <b>SLMV</b>                                    |             |             |
| Weighted average discount rate                 | 5.34 %      | 5.80 %      |

The principal cause of the change in the unfunded pension liability was due to the settlement, participant movement, plan experience, passage of time and a decrease in the discount rate, offset by employer contributions and overall market performance.

**Supplemental Retirement Plan for Executives**—The Supplemental Retirement Plan for Executives (“SERP”) is a non-qualified retirement plan for certain executives of the Health System. The following table sets forth the funded status, amounts recognized in the Health System’s consolidated financial statements, and other SERP financial information:

|                                                           | <b>2024</b>        | <b>2023</b>        |
|-----------------------------------------------------------|--------------------|--------------------|
| Projected benefit obligation for service rendered to date | \$ 18,482          | \$ 17,365          |
| Plan assets—at fair value                                 | <u>-</u>           | <u>-</u>           |
| Funded status                                             | <u>\$ (18,482)</u> | <u>\$ (17,365)</u> |
| Employer paid benefits                                    | \$ 1,563           | \$ 1,563           |
| Accrued pension liability (noncurrent)                    | 16,936             | 15,817             |
| Accrued pension liability (current)                       | 1,546              | 1,548              |
| Change in funded status                                   | 118                | (1,864)            |
| Accumulated benefit obligation                            | 18,482             | 17,365             |

The following table presents the pension benefit costs:

|                              | <b>2024</b>   | <b>2023</b>     |
|------------------------------|---------------|-----------------|
| Interest cost                | \$ 984        | \$ 1,007        |
| Amortization of net (losses) | <u>(85)</u>   | <u>(1,236)</u>  |
| Net periodic pension cost    | <u>\$ 899</u> | <u>\$ (229)</u> |

Service cost is recorded on the consolidated statement of operations, within the line-item employee compensation and benefits. The other components of net periodic benefit cost are recorded in the statement of changes in net assets, as other components of net periodic pension cost.

Due to its non-qualified status, the SERP is considered unfunded under the Employee Retirement Income Security Act, as disclosed above. The Health System has set aside funds

in a Rabbi Trust for the purpose of funding the SERP. The Rabbi Trust asset balance on September 30, 2024 and 2023, was \$25,939 and \$21,342, respectively.

The measurement dates used to determine pension benefits is September 30. The Health System expects to make approximately \$1,546 of benefit payments directly to plan participants for the year ending September 30, 2024. The projected benefit obligation decrease was primarily driven by participant movement, plan experience, the passage of time, and an increase in the discount rate.

Amounts recognized in net assets without donor restrictions related to the SERP on September 30, 2024 and 2023, consist of:

|                     | <b>2024</b> | <b>2023</b> |
|---------------------|-------------|-------------|
| Net actuarial gains | \$ 1,450    | \$ 3,231    |

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid from the SERP:

|            | <b>Benefit Payments</b> |
|------------|-------------------------|
| 2025       | \$ 1,546                |
| 2026       | 1,531                   |
| 2027       | 1,515                   |
| 2028       | 1,496                   |
| 2029       | 1,476                   |
| Thereafter | <u>6,964</u>            |
|            | <u>\$ 14,528</u>        |

Assumptions used in determining the actuarial present value of net periodic benefit cost were as follows:

|                                                | <b>2024</b> | <b>2023</b> |
|------------------------------------------------|-------------|-------------|
| Spot discount rates                            | 5.93–6.01 % | 5.46–5.61 % |
| Rate of increase in future compensation levels | 4.00        | 4.00        |

Assumptions used in determining the actuarial present value of projected benefit obligation were as follows:

|                                                | <b>2024</b> | <b>2023</b> |
|------------------------------------------------|-------------|-------------|
| Weighted average discount rate                 | 4.94 %      | 6.00 %      |
| Rate of increase in future compensation levels | 4.00        | 4.00        |

**Defined Contribution Plan**—The Health System sponsors two defined contribution plans (the “Contribution Plans”) that cover substantially all employees. The Health System’s contributions to these Contribution Plans are at the discretion of the Board. Amounts contributed are allocated to participants based on individual compensation amounts, years

of service, and the participant's level of participation in tax deferred annuity programs. During 2024 and 2023, contributions to these Contribution Plans were \$61,343 and \$56,691, respectively.

## 9. FAIR VALUE OF FINANCIAL INSTRUMENTS

The following disclosure of the estimated fair value of financial instruments is made in accordance with the requirements of ASC 825, "*Financial Instruments*". The Health System accounts for certain assets and liabilities at fair value or on a basis that is approximate to fair value. The estimated fair value amounts have been determined by the Health System using available market information and appropriate valuation methodologies. However, considerable judgment is required in interpreting market data to develop the estimates of fair value. Accordingly, the estimates presented herein are not necessarily indicative of the amounts that the Health System could realize in a current market exchange.

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fair value should be based on the assumptions that the market participants would use, including a consideration of nonperformance risk.

The Health System assesses the inputs used to measure fair value using a three-level hierarchy based on the extent to which inputs used in measuring fair value are observable in the market. The fair value hierarchy is as follows:

**Level 1**—Quoted (unadjusted) prices for identical assets or liabilities in active markets that the Health System has the ability to access.

**Level 2**—Other observable inputs, either directly or indirectly, including: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified or contractual term, the Level 2 input must be observable for substantially the full term of the asset or liability.

**Level 3**—Unobservable inputs for the asset or liability. The determination to measure the asset or liability as a level 3 depends on the significance of the input to the fair value measurement.

The asset or liability fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. In instances where the inputs used to measure fair value fall into different levels of the hierarchy, the fair value measurement has been determined based on the lowest-level input that is significant to the fair value measurement in its entirety. The Health System's assessment of the significance of a particular item to the fair value measurement in its entirety requires judgment, including the consideration of inputs specific to the asset. Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs. The Health System's policy is to recognize transfers between all levels as of the beginning of the reporting period.

Following is a description of the valuation methodologies used for the Health System's assets or liabilities measured at fair value.

**Cash and Cash Equivalents**—The carrying amounts reported in the balance sheet approximate their fair value.

**Accounts Receivables, Accounts Payable, Accrued Liabilities, and Estimated Payable to Medicare and Medicaid Programs**—The carrying amounts reported in the balance sheet approximate their fair value.

**Assets Whose Use is Limited**—These assets consist primarily of cash and cash equivalents, mutual funds, debt and equity securities, assets within limited partnerships, and pledges receivable. For cash and cash equivalents, pledges receivable and interest receivable, the carrying amount reported in the balance sheet approximates fair value.

For mutual funds the fair value is based on the value of the daily closing price as reported by the fund. Mutual funds held by the Health System are open-end mutual funds that are registered with the Securities and Exchange Commission. The mutual funds held by the Health System include funds that are traded on both active and inactive markets.

For equities (common stock), the fair value is based on the value of the closing price reported on the active market on which the individual securities are traded.

For government obligations, the fair value is measured using pricing models maximizing the use of observable inputs for similar securities.

For commercial paper, the fair value is based on amortized cost with observable inputs, including security cost, maturity, and credit rating.

For debt securities, the fair value is measured using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flows, and other pricing models. These models are primarily industry standard models that consider various assumptions, including time value and yield curve as well as other relevant economic measures.

For Limited Partnerships (LP's) the fair value of each of the funds are derived from their net asset values ("NAV") disclosed on their financial statements. Domestic LP's follow GAAP and international LP's follow the International Financial Reporting Standards ("IFRS"). The assets held were further considered for level of inputs used. When quoted prices are not available for identical or similar assets, real estate assets are valued under a discounted cash flow or lender survey approach that maximizes observable inputs but includes adjustments for certain risks that may not be observable, such as cap and discount rates, maturities and loan to value ratios.

For investments for which no market prices are readily available, LP's will mark assets on a quarterly basis considering all factors, information and data deemed by the LP to be pertinent. A discounted cash flow approach for asset acquisitions and a quantitative model for debt investments is used. In addition, a yield analysis is performed that assesses the expected market yield for an investment with a similar level of risk. LP's have formal valuation committees that meet regularly to discuss the appropriateness of the valuations for each respective investment. Lastly, LP's employ multiple third-party valuation consultants to provide positive assurance on all market value determinations at least once during a trailing 12-month period.

The following tables set forth by level within the fair value hierarchy a summary of the Health System's investments measured at fair value on a recurring basis:

| <b>Fair Value Measurements as of September 30, 2024, Using</b> |                                                                                       |                                                                      |                                                              |                     |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------|---------------------|
|                                                                | <b>Quoted Prices in<br/>Active Markets<br/>for Identical<br/>Assets<br/>(Level 1)</b> | <b>Significant<br/>Other<br/>Observable<br/>Inputs<br/>(Level 2)</b> | <b>Significant<br/>Unobservable<br/>Inputs<br/>(Level 3)</b> | <b>Total</b>        |
| Investments:                                                   |                                                                                       |                                                                      |                                                              |                     |
| Cash and cash equivalents                                      | \$ 30,639                                                                             | \$ -                                                                 | \$ -                                                         | \$ 30,639           |
| Mutual funds and other equities                                | -                                                                                     | 383,593                                                              | -                                                            | 383,593             |
| Government and agency securities                               | -                                                                                     | 312,354                                                              | -                                                            | 312,354             |
| Partnerships and joint ventures                                | -                                                                                     | -                                                                    | 212,577                                                      | 212,577             |
| Corporate bonds, notes, mortgages and asset-backed securities  | -                                                                                     | 454,025                                                              | -                                                            | 454,025             |
| Subtotal                                                       | <u>\$ 30,639</u>                                                                      | <u>\$ 1,149,972</u>                                                  | <u>\$ 212,577</u>                                            | <u>1,393,188</u>    |
| Investments measured at net asset value:                       |                                                                                       |                                                                      |                                                              |                     |
| Mortgages and asset-backed securities                          |                                                                                       |                                                                      |                                                              | 25,614              |
| Total assets                                                   |                                                                                       |                                                                      |                                                              | <u>\$ 1,418,802</u> |

| <b>Fair Value Measurements as of September 30, 2023, Using</b> |                                                                                       |                                                                      |                                                              |                     |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------|---------------------|
|                                                                | <b>Quoted Prices in<br/>Active Markets<br/>for Identical<br/>Assets<br/>(Level 1)</b> | <b>Significant<br/>Other<br/>Observable<br/>Inputs<br/>(Level 2)</b> | <b>Significant<br/>Unobservable<br/>Inputs<br/>(Level 3)</b> | <b>Total</b>        |
| Investments:                                                   |                                                                                       |                                                                      |                                                              |                     |
| Cash and cash equivalents                                      | \$ 67,111                                                                             | \$ -                                                                 | \$ -                                                         | \$ 67,111           |
| Mutual funds and other equities                                | 77,919                                                                                | 374,792                                                              | -                                                            | 452,711             |
| Government and agency securities                               | 29,154                                                                                | 116,245                                                              | -                                                            | 145,399             |
| Partnerships and joint ventures                                | -                                                                                     | -                                                                    | 197,607                                                      | 197,607             |
| Corporate bonds, notes, mortgages and asset-backed securities  | -                                                                                     | 448,867                                                              | -                                                            | 448,867             |
| Subtotal                                                       | <u>\$ 174,184</u>                                                                     | <u>\$ 939,904</u>                                                    | <u>\$ 197,607</u>                                            | <u>1,311,695</u>    |
| Investments measured at net asset value:                       |                                                                                       |                                                                      |                                                              |                     |
| Mortgages and asset-backed securities                          |                                                                                       |                                                                      |                                                              | 32,888              |
| Total assets                                                   |                                                                                       |                                                                      |                                                              | <u>\$ 1,344,583</u> |

The Health System's use of Level 3 unobservable inputs accounts for 15.26% and 15.06%, respectively, of the total fair value of assets as of September 30, 2024 and 2023. For the years ending September 30, 2024 and 2023, there were no transfers of assets into or out of Level 3.

The following table summarizes the changes in Level 3 assets measured at fair value as of September 30:

|                                        | <b>2024</b>       | <b>2023</b>       |
|----------------------------------------|-------------------|-------------------|
| Beginning balance                      | \$ 197,607        | \$ 63,822         |
| Purchases                              | 22,424            | 137,611           |
| Sales                                  | (22,065)          | (3,578)           |
| Realized and unrealized gains (losses) | <u>14,611</u>     | <u>(248)</u>      |
| Ending Balance                         | <u>\$ 212,577</u> | <u>\$ 197,607</u> |

**Fair Value of Pension Plan Assets**—In addition to the types of assets listed above as held by the Health System, the Plans also hold assets within limited liability companies and common collective trusts.

Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plans are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price.

Government obligations are valued at pricing models maximizing the use of observable inputs for similar securities.

For limited liability companies the fair value of each of the funds are derived from their "NAV" disclosed on their financial statements. The assets held were further considered for level of inputs used. When quoted prices are not available for identical or similar assets, real estate assets are valued under a discounted cash flow or lender survey approach that maximizes observable inputs but includes adjustments for certain risks that may not be observable, such as cap and discount rates, maturities and loan to value ratios.

Common collective trusts are valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Were the Plans to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth by level, based on the hierarchy requirements for fair value guidance outlined previously, a summary of the assets of the Plans measured at fair value on a recurring basis:

| <b>Fair Value Measurements as of September 30, 2024, Using</b>      |                                                                                       |                                                                      |                                                              |                   |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------|-------------------|
|                                                                     | <b>Quoted Prices in<br/>Active Markets<br/>for Identical<br/>Assets<br/>(Level 1)</b> | <b>Significant<br/>Other<br/>Observable<br/>Inputs<br/>(Level 2)</b> | <b>Significant<br/>Unobservable<br/>Inputs<br/>(Level 3)</b> | <b>Total</b>      |
| Pension assets:                                                     |                                                                                       |                                                                      |                                                              |                   |
| Cash and cash equivalents                                           | \$ 5,315                                                                              | \$ -                                                                 | \$ -                                                         | \$ 5,315          |
| International stocks                                                | -                                                                                     | 11,974                                                               | -                                                            | 11,974            |
| Corporate bonds, notes,<br>mortgages and asset backed<br>securities | -                                                                                     | 91,955                                                               | -                                                            | 91,955            |
| Government and agency securities                                    | -                                                                                     | 43,134                                                               | -                                                            | 43,134            |
| Limited partnerships and<br>liability companies                     | -                                                                                     | -                                                                    | 3,343                                                        | 3,343             |
| Subtotal                                                            | <u>\$ 5,315</u>                                                                       | <u>\$ 147,063</u>                                                    | <u>\$ 3,343</u>                                              | <u>\$ 155,721</u> |

| <b>Fair Value Measurements as of September 30, 2023, Using</b>      |                                                                                       |                                                                      |                                                              |                   |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------|-------------------|
|                                                                     | <b>Quoted Prices in<br/>Active Markets<br/>for Identical<br/>Assets<br/>(Level 1)</b> | <b>Significant<br/>Other<br/>Observable<br/>Inputs<br/>(Level 2)</b> | <b>Significant<br/>Unobservable<br/>Inputs<br/>(Level 3)</b> | <b>Total</b>      |
| Pension assets:                                                     |                                                                                       |                                                                      |                                                              |                   |
| Cash and cash equivalents                                           | \$ 8,819                                                                              | \$ -                                                                 | \$ -                                                         | \$ 8,819          |
| Domestic mutual funds                                               | -                                                                                     | 110,219                                                              | -                                                            | 110,219           |
| International mutual funds                                          | -                                                                                     | 19,513                                                               | -                                                            | 19,513            |
| International stocks                                                | -                                                                                     | 3,476                                                                | -                                                            | 3,476             |
| Corporate bonds, notes,<br>mortgages and asset backed<br>securities | -                                                                                     | 22,970                                                               | -                                                            | 22,970            |
| Government and agency securities                                    | 5,336                                                                                 | 376                                                                  | -                                                            | 5,712             |
| Limited partnerships and<br>liability companies                     | -                                                                                     | -                                                                    | 4,655                                                        | 4,655             |
| Subtotal                                                            | <u>\$ 14,155</u>                                                                      | <u>\$ 156,554</u>                                                    | <u>\$ 4,655</u>                                              | <u>\$ 175,364</u> |

The Health System's use of Level 3 unobservable inputs accounts for 2.15% and 2.65%, respectively, of the total fair value of the Plans assets as of September 30, 2024 and 2023. For the years ending September 30, 2024 and 2023, there were no transfers of the Plans assets into or out of Level 3.

The following table summarizes the changes in Level 3 assets measured at fair value as of September 30:

|                                  | <b>2024</b>            | <b>2023</b>            |
|----------------------------------|------------------------|------------------------|
| Beginning balance                | \$ 4,654               | \$ 6,175               |
| Sales                            | (752)                  | (921)                  |
| Realized and unrealized (losses) | (679)                  | (814)                  |
| Allocation of capital (losses)   | (63)                   | -                      |
| Miscellaneous fees               | (31)                   | (34)                   |
| Interest received                | <u>214</u>             | <u>249</u>             |
| Ending Balance                   | <u><u>\$ 3,343</u></u> | <u><u>\$ 4,655</u></u> |

**Unrealized Gains and Losses**—The unrealized gains and losses on investment accounts as of September 30, 2024, were determined to be temporary in nature as the change in market value for these assets was the result of fluctuating interest rates and market activity rather than the deterioration of the credit worthiness of the issuers. In the event that the Health System disposes of these securities before maturity, it is expected that the realized gains or losses, if any, will be immaterial both quantitatively and qualitatively to the statement of operations and financial position as of the Health System's fiscal year end.

The following tables show the Health System's investments' fair values and gross unrealized losses for individual securities that have been in a continuous loss position for 12 months or less as of September 30, 2024, and those that have been in a loss position for 12 months or more as of September 30, 2024. These investments are interest-yielding debt securities of varying maturities. The Health System has determined that the unrealized loss position for these securities is primarily due to market volatility and therefore an allowance for credit losses is unnecessary. Generally, in a rising interest rate environment, the estimated fair value of fixed income securities would be expected to decrease; conversely, in a decreasing interest rate environment, the estimated fair value of fixed income securities would be expected to increase. These securities may also be negatively impacted by illiquidity in the market.

|                                                                  | <b>In a Continuous Loss Position<br/>for Less than 12 Months</b> |                                |                                          |
|------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------|------------------------------------------|
|                                                                  | <b>Estimated<br/>Fair<br/>Value</b>                              | <b>Unrealized<br/>(Losses)</b> | <b>Total<br/>Number of<br/>Positions</b> |
| Corporate bonds, notes, mortgages<br>and asset-backed securities | \$ 26,663                                                        | \$ (751)                       | 40                                       |
| Mutual funds and other equities                                  | 25,619                                                           | (494)                          | 11                                       |
| Government and agency securities                                 | 60,900                                                           | (198)                          | 32                                       |
| Cash and cash equivalents                                        | (973)                                                            | (30)                           | 16                                       |
| Partnerships and joint ventures                                  | <u>10,601</u>                                                    | <u>(993)</u>                   | <u>4</u>                                 |
| Total                                                            | <u><u>\$ 122,810</u></u>                                         | <u><u>\$ (2,466)</u></u>       | <u><u>103</u></u>                        |

|                                                                  | <b>In a Continuous Loss Position<br/>for more than 12 Months</b> |                                |                                          |
|------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------|------------------------------------------|
|                                                                  | <b>Estimated<br/>Fair<br/>Value</b>                              | <b>Unrealized<br/>(Losses)</b> | <b>Total<br/>Number of<br/>Positions</b> |
| Corporate bonds, notes, mortgages<br>and asset-backed securities | \$ 65,439                                                        | \$ (2,159)                     | 208                                      |
| Mutual funds                                                     | 10,879                                                           | (1,018)                        | 4                                        |
| Government and agency securities                                 | 30,017                                                           | (2,698)                        | 129                                      |
| Cash and cash equivalents                                        | (97)                                                             | (194)                          | 1                                        |
| Partnership and joint ventures                                   | <u>34,400</u>                                                    | <u>(6,762)</u>                 | <u>2</u>                                 |
| Total                                                            | <u>\$ 140,638</u>                                                | <u>\$ (12,831)</u>             | <u>344</u>                               |

The fair value estimates presented herein are based on pertinent information available to management as of September 30, 2024. Although management is not aware of any factors that would significantly affect the estimated fair value amounts, such amounts have not been comprehensively revalued for purposes of these financial statements since that date, and current estimates of fair value may differ significantly from the amounts presented herein.

## **10. COMMITMENTS AND CONTINGENCIES**

The Health System uses a combination of self-insurance and commercial insurance to provide protection from multiple exposures for its hospitals and other entities.

Healthcare Professional and General Liability coverage is provided through the Captive. The Captive reimburses the Health System for liability up to \$3 million per claim (plus a \$2 million per claim/\$2 million aggregate buffer), healthcare professional liability, and \$3 million per claim, general liability, with a \$15 million combined annual aggregate. Coverage is provided on a claims-made and reported basis for both types of described coverage. The Health System makes contributions to the Captive based on funding levels recommended by an independent actuary.

The Captive provides the Health System with excess professional and general liability coverage up to a limit of \$60 million. Two towers of coverage are provided. One tower for a total of \$60 million in limits is provided for excess professional liability and a separate tower for a total of \$60 million in limits is provided for excess general liability, automobile liability, ambulance liability, employer's liability, and aviation liability. Coverage is provided on a claims-made and reported basis for professional and general liability. Coverage is provided on an occurrence basis for automobile liability, ambulance liability, employer's liability, and aviation liability. The Captive excess professional and general liability policy is 100% reinsured by various third-party reinsurers. Should the Captive reinsurers be unable to reimburse the Health System for recoverable claims, the Captive would still be liable to pay the claims; however, the Captive only contracts with highly rated insurance carriers in order to mitigate this risk.

The Health System is self-insured for workers' compensation claims up to \$750,000 per occurrence for incidents occurring in the State of Idaho. Excess coverage is purchased from a commercial insurer. Coverage is provided for statutory limits. A separate guaranteed cost workers' compensation policy is purchased from a commercial insurer for employees that normally work in states other than Idaho.

The Health System also purchases commercial policies for property, environmental, directors and officer's liability, employment practices liability, automobile and ambulance liability, helipad and non-owned aircraft liability, privacy cyber network security liability, fiduciary liability, employed lawyers, managed care errors and omissions, crime, and kidnap and ransom exposures. These policies are issued with varying limits and deductibles/retentions.

The Captive also issues deductible reimbursement policies to the Health System for liability up to \$1.5 million for Privacy/Network security liability claims and up to \$100,000 (\$250,000 for water damage) for Property claims.

Idaho imposes a cap on non-economic damages per claimant for personal injury or wrongful death claims. As of July 1, 2024, this cap was approximately \$490,512 per claimant and adjusts annually based on average annual wage increases or decreases. The Health System maintains reserves based primarily on actuarial estimates provided by an independent third party for the portion of its professional liability risks, including incurred but not reported claims, for which it does not have insurance coverage. Reserves for losses and related expenses are estimated using expected loss reporting patterns and are discounted to their present value using a discount rate of 3.0%. There can be no assurance that the ultimate liability will not exceed such estimates. Adjustments to the estimated reserves are included in results of operations in the periods when such amounts are determined. As of September 30, 2024 and 2023, the Health System had professional liability recorded in accounts payable and accrued liabilities in the amounts of \$33,850 and \$36,674, respectively.

As of September 30, 2024 and 2023, the Health System had commitments on construction contracts and equipment purchases totaling \$157,349 and \$92,430, respectively.

The Health System is routinely involved in other litigation matters and regulatory investigations arising in the normal course of business. After consultation with legal counsel, management estimates that each of these matters will be resolved without material effect on the Health System's future financial position, results of operations, or cash flows.

## 11. FUNCTIONAL EXPENSES

The Health System provides medical and healthcare services to residents within its geographic location. Expenses from continuing operations related to providing these services for the years ended September 30, 2024 and 2023, are allocated as follows:

|                                                        | 2024                | 2023                |
|--------------------------------------------------------|---------------------|---------------------|
| Professional, nursing, and other patient care services | \$ 3,304,908        | \$ 3,213,023        |
| Fiscal and administrative support services             | <u>760,188</u>      | <u>643,592</u>      |
|                                                        | <u>\$ 4,065,096</u> | <u>\$ 3,856,615</u> |

## 12. INCOME TAXES

Income tax expense for the Health System differs from the income tax expense at the U.S. federal statutory tax rate of 21% due to state taxes, net of a federal benefit, nondeductible business meals and entertainment expenses, and tax-exempt earnings of our not-for-profit entities.

Deferred income taxes resulted from temporary differences between the tax basis of assets and liabilities and their reported amounts in the financial statements, resulting in taxable or deductible amounts in future years and net operating loss carryforwards ("NOLs").

Management assesses the available positive and negative evidence to estimate whether sufficient future taxable income will be generated to permit use of the existing DTAs for each of the Health System's legal entities. A significant piece of objective negative evidence evaluated was the cumulative loss incurred over the three-year period ended September 30, 2024. Such objective evidence limits the ability to consider other subjective evidence, such as our projections for future growth.

As of September 30, 2024, the Health System has net operating loss carryforwards in the amount of \$231,900 and \$199,200 for federal and state jurisdictions, respectively. The NOLs are set to expire in years 2025 through 2044. The Health System does not believe that it is more likely than not they will utilize these losses prior to their expiration and as such has provided a full valuation allowance against these losses. The amount of the DTA considered realizable, however, could be adjusted if estimates of future taxable income during the carryforward period are reduced or increased or if objective negative evidence in the form of cumulative losses is no longer present and additional weight is given to subjective evidence such as our projections for growth.

The Health System accounts for uncertain tax positions in accordance with ASC 740. Management is not aware of any uncertain tax positions that should be recorded. The Health System includes penalties and interest, if any, with its provision for income taxes in the non-operating items in the consolidated statements of operations and changes in net assets.

The Health System is subject to taxation in the United States and Idaho jurisdictions. As of September 30, 2024, the Health System's tax years for 2020, 2021, 2022, 2023 and 2024 are subject to examination by the tax authorities. As of September 30, 2024, the Health System is no longer subject to U.S. Federal or Idaho examinations by tax authorities for tax years before 2020.

### **13. SUBSEQUENT EVENTS**

The Health System has evaluated subsequent events through December 12, 2024. This is the date the financial statements were available to be issued.

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